

Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

School Year 2003 - 2004 This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$0.95 Legal Entity Number County Name County Number District Name Silver Bow **Butte Public Schools** 0840 1212 Length of Route (miles per day) Type of Service □ Bus Route Mileage Route # Rated Capacity □ Non Bus Mileage 32 7se am 20 Bus Route Mileage Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 1060 484 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0840 % % % % 100.00 PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** riding this route С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee Signature - Chair, Board of Trustees Date County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation

area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee Date



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This form is required in accorda	nce with Title 2	0, Chapter 10, Part 1, MCA	A. School di	strict official must cor	mplete one form for	each bus route that	
receives state reimbursement e					•	Rate Per Mile	
Due Date			County Sup		- 45		
All Routes	i	Octo	ober 1	Octobe	r 15	\$0.95	
County Name		County Number	District	Name		Legal Entity Number	
Silver Bow	47	Butte	Public Schools		0840 1212		
Route #	Length of Rou	ute (miles per day)	Type of	Service Bus R	oute Mileage us Mileage	Rated Capacity	
7se pm	20		Bus R	oute Mileage	us ivilleage	32	
Vehicle I.D. #	License	#	□ District	Owned ct - If so. Name of O	District Ow	rned	
1060	484			cted rate per mile	wriei		
Reimbursement Distribution- Er	nter the legal en				to be paid to each o	district. Note: Percentages	
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0840							
% 100.00	%		%		%		
PASSENGER INFORMATION	/0		70		76		
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Regular (include eligible Preschool/l	Kindergarten	NUMBER		NUI	MBER	a + b	
riders) 1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attended)							
agreement) (Include ineligible Preschool/Kinderg	garten riders)						
Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
We hereby certify that this bus w							
County Transportation Committee. We agree to supervision of this b	us and bus route	by the State Superintendent; to	o make such r	eports to the State Supe	erintendent and Count	y Superintendent as are	
required; to provide a vehicle which Superintendent; and to provide a lice	ensed, qualified a	nd approved driver to operate	such vehicle a	s required by 20-10-103		or and the State	
We also agree to refrain from sol We understand that violations of					for withholding of state	and county reimbursement for	
this bus route. We agree that if this route crosse					ent between Boards, 2	0-10-126(2) MCA, signed by	
the school boards of both districts sl We understand route changes of					al of the County Trans	portation Committee in	
accordance with 20-10-132, MCA. I certify that this application for							
bus operates on the route as ap Signature - Chair, Board of Trustees	ty Transportation C	ommittee.					
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		Committee Approval as					
This Application for Registration area assigned to it by the Coun	ty Transportatio		i iias Deen re	wieweu and i centry	mat mis bus operati	es within the transportation	
Signature - Chair, County Transport	ation Committee				Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

							This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.									
	J	iansport	· ·	, ,				Rate Per Mile								
Due Date All Routes			To County Supt October 1			To OPI October 15		\$1.36								
County Name		(County Number	District	Name			Legal Entity Number								
Silver Bow		4	47	Butte Public Schools				0840 1212								
Route #	Length of F	Route (m	niles per day)	Type of		☐ Bus Route Mi		Rated Capacity								
J 2PM	22			Bus R	oute Mile	□ Non Bus Mile eage	age	66								
Vehicle I.D. #	Licens	se#		□ District	Owned		District Own	ed								
9313	690				ct - If so, N cted rate p	lame of Owner er mile										
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0840																
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PASSENGER INFORMATION	70			70			70									
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2nd Wheelchair (WC)																
Additional Wheelchairs (WC)																
Non-WC IEP Lists Trans as Related	I Service															
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Ineligible Public School Riders (i.e., miles OR nonresident and no attended)																
agreement) (Include ineligible Preschool/Kinderg																
Nonpublic School Riders (ineligible)																
TOTAL RIDERS																
We hereby certify that this bus w County Transportation Committee.																
We agree to supervision of this be required; to provide a vehicle which	ous and bus rou	ite by the	State Superintendent; to	make such r	eports to the	State Superintende	ent and County	Superintendent as are								
Superintendent, and to provide a lice. We also agree to refrain from sol						y 20-10-103, MCA.	,									
We understand that violations of this bus route.	the laws, rules	or regula	ations governing school tr	ansportation	will be suffici	ient cause for withh	olding of state a	nd county reimbursement for								
We agree that if this route crosse the school boards of both districts sl						he agreement betw	een Boards, 20-	10-126(2) MCA, signed by								
We understand route changes of accordance with 20-10-132, MCA.						and approval of the	County Transpo	ortation Committee in								
I certify that this application for bus operates on the route as ap	•					•	•	•								
Signature - Chair, Board of Trustees		ia willill	i ale transportation se	vice area a	ooigi icu by	THE COUNTY HAII	Date	millioc.								
·																
This Application for Registration	n of School B	us and S														
area assigned to it by the Coun Signature - Chair, County Transport			mmittee.				Date									
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Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.36 Legal Entity Number County Name County Number District Name Silver Bow **Butte Public Schools** 0840 1212 Length of Route (miles per day) Type of Service □ Bus Route Mileage Route # Rated Capacity □ Non Bus Mileage JAM1 22 66 Bus Route Mileage Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 9313 690 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 1212 0840 % % % 46.00 % 54.00 PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** riding this route С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee Signature - Chair, Board of Trustees Date County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

Rate Per Mile Due Dates:	This form is required in accordar	nce with	Title 20, C	Chapter 10, Part 1, MCA	. School di	strict official	must complete o	ne form for ea	ach bus route that
All Routes County Name County Name County Name County Name County Name County Name Butte Public Schools District Name Legal Entity Number Revenue # District Owned District Owned District Owned County Name Silver Bow PASS Route Mileage District Owned Solver Bow County Name Legal Entity Number of Route (miles per day) District Owned County Name Solver Bow Revenue Bow Route Mileage Bus Route Mileage County Name Solver Bow Route Mileage Bus Route Mileage County Name County Name Solver Bow Revenue Bow Route Mileage Bus Route Mileage County Name Solver Bow Route Mileage Bus Route Mileage County Name Count	receives state reimbursement ev	ven thoug	gh transpo	ortees of another legal e	entity may u	ilize the serv	vices.		Rate Per Mile
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Silver Bow 47 Butte Public Schools 0840 1212 Route # Length of Route (miles per day) Type of Service II Bus Route Mileage Bus Route Mileag	All Routes			Octo	ober 1		October 15		\$1.36
Route # Length of Route (miles per day) JPM3 22 Bus Route Mileage Bus Route Milea	County Name			County Number	District	Name		Legal Entity Number	
Special Contract Special Con	Silver Bow	47	Butte	Public Scl	hools				
J PMS 22 Bus Route Mileage 66	Route #	Length	of Route ((miles per day)	Type of				Rated Capacity
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Legal Entity 1212 Legal Entity	Reimbursement Distribution- En	ter the le	gal entity				rsement to be pa	id to each dis	strict. Note: Percentages
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Signature - Chair, County Transportation Committee Date								Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev						one form for ea	ach bus route that	
Due Dates All Routes		·		County Supober 1	t To OPI October 15		Rate Per Mile \$1.36	
County Name			County Number	District	Name		Legal Entity Number	
Silver Bow 47				Butte	Public Schools		0840 1212	
Route #	Length of	f Route	(miles per day)	Type of	f Service ☐ Bus Route Mi ☐ Non Bus Mile	-	Rated Capacity	
G 2pm	23.8			Bus F	Route Mileage	aye	66	
Vehicle I.D. #	Lice	ense #		□ District		District Own	ed	
1056	485	5			ct - If so, Name of Owner cted rate per mile			
Reimbursement Distribution- En	iter the leg	al entity		e of state/co		aid to each dis	trict. Note: Percentages	
Legal Entity	Leg	al Entity		Legal E		Legal Entit	у	
0840								
% 100.00		%		%		%		
PASSENGER INFORMATION			ELEMENTA DV DID		LIIOU COULOOL DI	DEDO	TOTAL	
Number of Preschool/Kindergard	ten pupils		ELEMENTARY RIDI (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
			a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/k riders)	Kindergarten	1	NOWBER		NOMBER		a i b	
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement) (Include ineligible Preschool/Kinderg	ance)						
Nonpublic School Riders (ineligible)								
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Signature - Chair, Board of Trustees						Date		
County T This Application for Registration area assigned to it by the Count	of School	Bus and	d State Reimbursement		accordance with Section accordance with Section accordance with Section according to the section accordance with Section accor			
Signature - Chair, County Transporta	ation Commi	ittee				Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

Date

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.36 Legal Entity Number County Name County Number District Name Silver Bow **Butte Public Schools** 0840 1212 Length of Route (miles per day) Type of Service □ Bus Route Mileage Route # Rated Capacity □ Non Bus Mileage G am 23.8 66 Bus Route Mileage Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 1056 485 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0840 % % % % 100.00 PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** riding this route С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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Signature - Chair, County Transportation Committee



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

PASSENGER INFORMATION PASSENGER INFORMATION Regular findude eligible Preschool/Kindergarten pupils (Grades Y-R) Findular findude eligible Preschool/Kindergarten pupils (Findular tindular tindular tindular tindular tindular	This form is required in accorda	ince with Title	20, Chapter 10, Part 1, M	ICA. School	district officia	I must complete o	ne form for e	ach bus route that
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County Name County Number					pt			
Silver Bow 47 Butte Public Schools 0840 1212 Route # Length of Route (miles per day) Type of Service Bus Route Mileage	All Routes	3	O	October 1		October 15		\$1.57
Route # Length of Route (miles per day) 4se am2 7 8us Route Mileage Bus Route Mileage 77 8us Route Mileage 78 8us Route Mileage 77 8us Route Mileage 78 8us Route Mileage 8us Rou	County Name		County Number	Distri	ct Name		Legal Entity Number	
Seam2 7	Silver Bow		47	Butt	e Public So	chools		
Assemble District Owned District Owned District Owned District Owned District Owned Contract. It so, Name of Owner C	Route #	Length of Ro	oute (miles per day)	Туре				Rated Capacity
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Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity	Vehicle I.D. #	License	e #				istrict Own	ed
Legal Entity 0840 % 100.00 % 9% % 9% % PASSENGER INFORMATION Number of Preschool/Kindergarten pupils (Grades PK-8) BLEIGHERTARY RIDERS (Grades PK-8) BLIGHER RIDERS (Grades PK-8) BLUMBER NUMBER NUMBER NUMBER NUMBER NUMBER Regular (include eligible Preschool/Kindergarten pupils Additional Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (include ineligible Preschool/Kindergarten inders) Nonpublic School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (include ineligible Preschool/Kindergarten inders) TOTAL ELIGIBLE RIDERS Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (include ineligible Preschool/Kindergarten inders) We agree to supervision of this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus ransports pupils eligible for school Interportation area assigned and approved by the State Superintendent and County Superintendent and County Superintendent and County Superintendent and Supervision of this bus and bus route by the State Superintendent to make such reports to the State Superintendent and County Superintendent and Supervision in the Montana Park Park and the Superintendent and county Superintendent and county superintendent and supervised of Public Education. the Montana Park Park and the Superintendent to make such reports to the State Superintendent and County Superinten	1187	671			,			
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Office of Public Instruction Linda McCulloch, Superintendent PO Box 202501

Combined School District Application for Registration of School Bus & State Reimbursement

1 copy State Supt. 1 copy County Supt. 1 copy School District

Helena, MT 59620-2501 School Year 2003 - 2004 This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** All Routes October 1 October 15 \$1.36 County Name County Number District Name Legal Entity Number Silver Bow **Butte Public Schools** 0840 1212 Type of Service □ Bus Route Mileage Route # Length of Route (miles per day) Rated Capacity □ Non Bus Mileage R AM2 68.1 66 Bus Route Mileage Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 9310 692 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0840 % % % % 100.00 PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** riding this route С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the

bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee Signature - Chair, Board of Trustees Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee	Date



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e								
Due Dates All Routes				Coun	ty Supt	To OPI October 15		Rate Per Mile \$1.36
County Name			County Number		District N	lame		Legal Entity Number
Silver Bow	Silver Bow 47					Public Schools		0840 1212
Route #	Length	h of Rout	e (miles per day)		Type of S	Service □ Bus Route Mi □ Non Bus Mile		Rated Capacity
R PM1	68.1				Bus Ro	oute Mileage	66	
Vehicle I.D. # 9310		License # 692				Owned [t - If so, Name of Owner ted rate per mile	District Own	ed
Reimbursement Distribution- En			ty number and percentag				aid to each dis	strict. Note: Percentages
Legal Entity 0840		Legal Ent			budget! Legal Ent	tity	Legal Entit	у
0/ 400.00		0/		ı	0/		0/	
% 100.00 PASSENGER INFORMATION		%		_	%		%	
Number of Preschool/Kindergar riding this route	ten pup	oils	ELEMENTARY RID (Grades PK-8)			HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a NUMBER	b BER NUME				c a+b
Regular (include eligible Preschool/kriders)	Kindergaı	rten	NOMBER			NOMBER		a + 5
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	lance							
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)		ders)						
TOTAL RIDERS								
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Signature - Chair, Board of Trustees		. ,				5 22 27 m2 23 m, 11 ur	Date	
County 1 This Application for Registration area assigned to it by the Count	of Scho	ool Bus a	nd State Reimbursemen			ccordance with Section riewed and I certify that this		
Signature - Chair, County Transporta	-		Committee.				Date	



Combined School District Application for Registration of School Bus & State Reimbursement

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School Year 2003 - 2004 This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.36 Legal Entity Number County Name County Number District Name Silver Bow **Butte Public Schools** 0840 1212 Length of Route (miles per day) Type of Service ☐ Bus Route Mileage Route # Rated Capacity □ Non Bus Mileage R 1AM 66 68.1 Bus Route Mileage Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 9310 692 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 1212 100.00 % % % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** riding this route С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Date

For additional information contact Maxine Mougeot at 444-3096 or email mmougeot@state.mt.us

Signature - Chair, County Transportation Committee



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e								
Due Dates All Routes			County Suprober 1	To OPI October 15		Rate Per Mile \$1.36		
County Name		County Number	District	Name		Legal Entity Number		
Silver Bow		47		Public Schools		0840 1212		
Route #	Length of Route	e (miles per day)	Type of	f Service □ Bus Route Mi □ Non Bus Mile	-	Rated Capacity		
R PM2	68.1		Bus R	66				
Vehicle I.D. #	License #		□ District	: Owned ct - If so, Name of Owner	District Own	ed		
9310	692			cted rate per mile				
Reimbursement Distribution- En	iter the legal entit		e of state/co atch budget		aid to each dis	trict. Note: Percentages		
Legal Entity 1212	Legal Enti		Legal E		Legal Entit	у		
1212								
% 100.00	%		%		%			
PASSENGER INFORMATION		ELEMENTARY RIDE	-De	HIGH SCHOOL R	IDEDS	TOTAL		
Number of Preschool/Kindergar riding this route	ten pupils	(Grades PK-8)	-K3	(Grades 9-12		ELIGIBLE RIDERS		
		a NUMBER		b NUMBER		c a + b		
Regular (include eligible Preschool/hriders)	Kindergarten							
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	ance							
Nonpublic School Riders (ineligible)								
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Signature - Chair, Board of Trustees		ami uio uansportation se	n vioc area a	Solgined by the County Har	Date	minuco.		
County 1 This Application for Registration area assigned to it by the Count	of School Bus ar	nd State Reimbursement		accordance with Section action action action actions are series and I certify that this				
Signature - Chair, County Transporta	•				Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

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This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.36 Legal Entity Number County Name County Number District Name Silver Bow **Butte Public Schools** 0840 1212 Length of Route (miles per day) Type of Service ☐ Bus Route Mileage Route # Rated Capacity □ Non Bus Mileage SE1 PM2 46 66 Bus Route Mileage Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 9314 689 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0840 100.00 % % % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** riding this route С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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Office of Public Instruction Linda McCulloch, Superintendent PO Box 202501

Combined School District Application for Registration of School Bus & State Reimbursement

1 copy State Supt. 1 copy County Supt.

1 copy School District Helena, MT 59620-2501 School Year 2003 - 2004 This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** All Routes October 1 October 15 \$1.36 County Name County Number District Name Legal Entity Number Silver Bow **Butte Public Schools** 0840 1212 Type of Service ☐ Bus Route Mileage Route # Length of Route (miles per day) Rated Capacity □ Non Bus Mileage SE3 MID 35 66 Bus Route Mileage Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 1055 488 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0840 % % % % 100.00 PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** riding this route С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS**

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This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee	Date



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

	=			<u> </u>				
This form is required in accordan receives state reimbursement even							ne form for ea	ach bus route that
	· ·	папор	· ·	, ,				Rate Per Mile
Due Dates: All Routes	:			ounty Sup ber 1	t	To OPI October 15		\$1.36
								,
County Name			County Number	District	Name			Legal Entity Number
Silver Bow 47			47	Butte	Public Sc	hools		0840 1212
	Length of	Route	(miles per day)		f Service	☐ Bus Route Mile	•	Rated Capacity
SE3 PM2	35			Rue E	Route Mile	□ Non Bus Milea	ge	66
Vehicle I.D. #		nse #		□ Distric			istrict Own	
1055	488)		□ Contra	ct - If so, Na	ame of Owner		
1055					cted rate pe			
Reimbursement Distribution- Enter	er the lega	al entity		e of state/co atch budge		irsement to be pa	id to each dis	trict. Note: Percentages
Legal Entity	Leg	al Entity		Legal E			Legal Entit	у
0840								
% 100.00		%		%			%	
PASSENGER INFORMATION		/0		70			70	
			ELEMENTARY RIDE	RS	HI	GH SCHOOL RIE		TOTAL
Number of Preschool/Kindergarte	en pupils		(Grades PK-8)			(Grades 9-12)		ELIGIBLE RIDERS
			a NUMBER			b NUMBER		c a + b
Regular (include eligible Preschool/Ki	indergarten							
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related S	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., un miles OR nonresident and no attenda								
agreement) (Include ineligible Preschool/Kinderga	arten riders)							
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
We hereby certify that this bus will County Transportation Committee. W We agree to supervision of this bus required; to provide a vehicle which m Superintendent; and to provide a licer We also agree to refrain from solic	Ve further constant sand bus received the minest seed, qualificating or cau	ertify that oute by t inimum s led and a sing othe	t this bus transports pupils e the State Superintendent; to standards as established by approved driver to operate s ers to solicit students from o	eligible for scl o make such i the Board of such vehicle a other transpor	nool transport reports to the Public Educa is required by tation areas.	ation as defined by State Superintender Ston, the Montana H 20-10-103, MCA.	20-10-101, MC nt and County S lighway Patrol a	A. Superintendent as are and the State
We understand that violations of the this bus route.		·		•			J	•
We agree that if this route crosses the school boards of both districts sha	all be attach	ed to the	e county superintendent's co	opy of this do	cument.	· ·	,	, , ,
We understand route changes occ accordance with 20-10-132, MCA.	curring durin	ig the sci	hool year require the filing o	of an amende	d TR-1 form a	and approval of the (County Transpo	ortation Committee in
I certify that this application for re	•					•	•	•
bus operates on the route as app Signature - Chair, Board of Trustees	proved by	and will	nin the transportation se	rvice area a	issigned by	the County Trans	Date	ninillee.
			ommittee Approval as i					
This Application for Registration of area assigned to it by the County				has been re	eviewed and	I I certify that this	bus operates	within the transportation
Signature - Chair, County Transportat							Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e							mplete on		
Due Date : All Routes				Fo Cou Octobe	inty Supt r 1	To OPI Octobe			Rate Per Mile \$1.36
County Name			County Number		District	Name			Legal Entity Number
Silver Bow			47		Butte	Public Schools			0840 1212
Route #	Lengt	th of Rou	te (miles per day)		Type of	Service □ Bus R		•	Rated Capacity
SE3 3PM	35				Bus R	oute Mileage	us Mileag	е	66
Vehicle I.D. #	I	License :	#		District			strict Own	ed
1055	4	488				ct - If so, Name of O cted rate per mile	wner	1 · · · · · · · · · · · · · · · · · · ·	
Reimbursement Distribution- Er	nter the	legal ent			f state/co ch budget		to be paid	l to each dis	trict. Note: Percentages
Legal Entity		Legal Er	ntity	ot mate	Legal E			Legal Entity	У
1212			0840						
% 82.00		%	18.00		%			%	
PASSENGER INFORMATION			ELEMENTA DV			1110110011	001 010	-00	TOTAL
Number of Preschool/Kindergar riding this route	ten pup	oils	ELEMENTARY F (Grades PK		5	HIGH SCH (Grad	OOL RIDE es 9-12)	:RS	TOTAL ELIGIBLE RIDERS
			a NUMBER				b NUMBER		c a + b
Regular (include eligible Preschool/liriders)	Kinderga	irten	NOMBER			INO	INIDER		a · b
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service	!							
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	lance	ders)							
TOTAL RIDERS									
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Signature - Chair, Board of Trustees	3						-	Date	
This Application for Registration area assigned to it by the Coun	of Sch ty Trans	iool Bus i sportatio					that this b	us operates	
Signature - Chair, County Transport	ation Co	mmittee					1	Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

				Chapter 10, Part 1, MC ortees of another legal				one form for e	
	Due Dates	s:			County Su	pt	To OPI		Rate Per Mile
	All Routes			Oc	tober 1		October 15		\$1.36
County Name				County Number	Distri	ct Name		Legal Entity Number	
Silver Bow				47	Butt	Butte Public Schools			0840 1212
Route #		Length	of Route	(miles per day)		of Service	☐ Bus Route Mil		Rated Capacity
SE3 AM		35			Bus	Route Mile	□ Non Bus Milea eage	age	66
Vehicle I.D. #	Į.	Lie	cense #		□ Distr	ict Owned		District Own	ied
1055		48	88			ract - If so, Na racted rate pe	ame of Owner er mile		
Reimbursement D	istribution- En	ter the le	egal entity		ge of state/ match budg		ursement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity		Le	egal Entit	у		Entity		Legal Enti	ty
1212			0	840					
% 82.00			% 18	.00	%			%	
PASSENGER INF	ORMATION								_
Number of Presch riding this route	ool/Kindergart	ten pupils	s	ELEMENTARY RII (Grades PK-8		Н	IGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
				a			b		С
Regular (include elig	ible Preschool/K	Cindergarte	en	NUMBER			NUMBER		a + b
riders) 1st Wheelchair (WC)	1								
2nd Wheelchair (WC									
Additional Wheelcha	•								
Non-WC IEP Lists Tr	rans as Related	Service							
TOTAL ELIGIBLE	RIDERS								
Ineligible Public Scho									
agreement) (Include ineligible Pre			re)						
Nonpublic School Ric	ders (ineligible)	arton naoi	10)						
TOTAL RIDERS									
We hereby certify				the route established by t					
We agree to supe	ervision of this bu	us and bus	s route by	the State Superintendent; standards as established	to make suc	n reports to the	State Superintende	ent and County	Superintendent as are
Superintendent; and	to provide a lice	ensed, qua	alified and a	approved driver to operate ers to solicit students from	e such vehicle	as required by		ingilway i alloi	and the otate
							ent cause for withho	olding of state a	nd county reimbursement for
We agree that if the							ne agreement betwe	een Boards, 20-	10-126(2) MCA, signed by
We understand ro	oute changes oc			e county superintendent's chool year require the filing			and approval of the	County Transp	ortation Committee in
accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.									
Signature - Chair, Bo			y and wit	nin the transportation s	service area	assigned by	the County Trans	Sportation Col Date	mmitee.
This Application for area assigned to it	r Registration	of School	ol Bus an						CA. s within the transportation
Signature - Chair, Co		<u>, </u>		Johnnie G.				Date	
								1	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that

receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 Legal Entity Number County Name County Number District Name Silver Bow **Butte Public Schools** 0840 1212 Length of Route (miles per day) Type of Service ☐ Bus Route Mileage Route # Rated Capacity □ Non Bus Mileage 77 S 2pm 55.6 Bus Route Mileage Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 5589 523 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0840 % % % % 100.00 PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** riding this route С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee Signature - Chair, Board of Trustees Date County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This forms is required in accord		:41= 00 (Chantar 40 Dart 4 MCA	Cabaal di	atuist afficial mount commulate		
This form is required in accord receives state reimbursement							
Due Date	es:		To C	ounty Sup	то ОРІ		Rate Per Mile
All Route				ber 1	October 15	;	\$1.57
County Name			County Number	District	Name		Legal Entity Number
Silver Bow	Silver Bow 47				Public Schools		0840 1212
Route #	Length o	f Route	(miles per day)		Service Bus Route M	•	Rated Capacity
S 3pm	S 3pm 55.6				□ Non Bus Mile coute Mileage	eage	77
Vehicle I.D. # License #				□ District	Owned	District Own	ed
5589	52	3			ct - If so, Name of Owner cted rate per mile		
Reimbursement Distribution- E	nter the leg	al entity				oaid to each dis	trict. Note: Percentages
Legal Entity	Leg	gal Entity		atch budget Legal E		Legal Entity	y
0840							
% 100.00		%		%		%	
PASSENGER INFORMATION		70		70		70	_
Number of Preschool/Kinderga	arten pupils		ELEMENTARY RIDE (Grades PK-8)	RS	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS
riding this route			(,		(111111	,	
			a NUMBER		b NUMBER		C
Regular (include eligible Preschool	/Kindergarter	1	NUMBER		NOWBER		a + b
riders) 1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related Service							
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e. miles OR nonresident and no atten							
agreement) (Include ineligible Preschool/Kinde)					
Nonpublic School Riders (ineligible							
TOTAL RIDERS							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.							
We agree to supervision of this required; to provide a vehicle which	bus and bus	route by t	the State Superintendent; to	make such r	eports to the State Superintend	ent and County S	Superintendent as are
Superintendent; and to provide a li We also agree to refrain from so	censed, quali	fied and a	approved driver to operate s	such vehicle a	s required by 20-10-103, MCA.		
We understand that violations of this bus route.	f the laws, rul	les or reg	julations governing school tr	ansportation	will be sufficient cause for with	nolding of state ar	nd county reimbursement for
We agree that if this route cross the school boards of both districts:			•		, 1,	veen Boards, 20-1	10-126(2) MCA, signed by
We understand route changes of accordance with 20-10-132, MCA.	occurring duri	ng the sc	shool year require the filing of	f an amende	d TR-1 form and approval of the	e County Transpo	rtation Committee in
I certify that this application for bus operates on the route as a	•				•	•	•
Signature - Chair, Board of Trustees					J ,	Date	
County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.							Λ
This Application for Registrationarea assigned to it by the Court	n of School	Bus and	d State Reimbursement				
Signature - Chair, County Transport						Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

				hapter 10, Part 1, MCA					one form for e	ach bus route that
receives state rein	nbursement ev Due Dates		anspo	rtees of another legal e		y may ut nty Supt		vices. To OPI		Rate Per Mile
	All Routes			Octo			•	October 15		\$1.57
County Name				County Number		District	Name			Legal Entity Number
Silver Bow				47		Butte Public Schools				0840 1212
Route #		Length of R	loute (ı	miles per day)		Type of		☐ Bus Route Mi		Rated Capacity
S am 55.6					□ Non Bus Mileage Bus Route Mileage 7					77
Vehicle I.D. # License #						District			District Owr	ned
5589		523					ct - If so, Na cted rate pe	ame of Owner er mile	· · · · · · · · · · · · · · · · · · ·	
Reimbursement D	istribution- Ent	ter the legal	entity r			state/co		irsement to be p	aid to each di	strict. Note: Percentages
Legal Entity		Legal	Entity		iatci	Legal E			Legal Enti	ty
0840										
% 100.00	0	%				%			%	
PASSENGER INF										_
Number of Presch riding this route	nool/Kindergart	en pupils		ELEMENTARY RIDE (Grades PK-8)	ERS	3	HI	GH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
				a				b		С
Regular (include elig	jible Preschool/K	indergarten		NUMBER				NUMBER		a + b
riders) 1st Wheelchair (WC))	-								
2nd Wheelchair (WC	;)									
Additional Wheelcha	irs (WC)									
Non-WC IEP Lists Trans as Related Service										
TOTAL ELIGIBLE	RIDERS									
Ineligible Public Schemiles OR nonresider										
agreement) (Include ineligible Pr										
Nonpublic School Ri		arton nacroj								
TOTAL RIDERS										
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.										
bus operates on the route as approved by and within the transportation servi- Signature - Chair, Board of Trustees						e area a	ssigned by	the County Tran	sportation Co Date	mmittee.
This Application for				mmittee Approval as State Reimbursement						CA. s within the transportation
area assigned to i	t by the County	/ Transportat	tion Co		···uc			Sorary arac aris		
Signature - Chair, Co	ounty Fransporta	tion Committe	е						Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is requir	ed in accordar	nce with Titl	e 20. (Chapter 10, Part 1, MCA	A. School di	strict official i	must complete o	one form for e	ach bus route that
				ortees of another legal e					Rate Per Mile
	Due Dates All Routes	:			ounty Sup ober 1	t	To OPI October 15		\$1.57
County Name				County Number	District	Name			Legal Entity Number
Silver Bow 47				47	Butte	Public Sch	nools		0840 1212
Route #						f Service	Bus Route Mil Non Bus Milea		Rated Capacity
S Kpm		55.6			Bus F	Coute Milea	age	77	
Vehicle I.D. # License #					□ Distric	t Owned		District Own	ied
5589		523				ict - If so, Nai icted rate per	me of Owner mile		
Reimbursement D	istribution- Ent	ter the lega	l entity				sement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity		Lega	al Entity		atch budge Legal E			Legal Entit	ty
0840									
% 100.00)	%	, D		%			%	
PASSENGER INF	ORMATION					_			_
Number of Presch riding this route	ool/Kindergart	en pupils		ELEMENTARY RIDE (Grades PK-8)	ERS	HIG	Grades 9-12		TOTAL ELIGIBLE RIDERS
				a			b		c .
Regular (include elig	ible Preschool/K	indergarten		NUMBER			NUMBER		a + b
riders) 1st Wheelchair (WC))								
2nd Wheelchair (WC	;)								
Additional Wheelcha	irs (WC)								
Non-WC IEP Lists Ti	rans as Related	Service							
TOTAL ELIGIBLE	RIDERS								
Ineligible Public Schomiles OR nonresider									
agreement) (Include ineligible Pr									
Nonpublic School Ri	ders (ineligible)	•							
TOTAL RIDERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.									
Signature - Chair, Board of Trustees							Date		
This Application for area assigned to it	or Registration	of School E	Bus and						CA. s within the transportation
Signature - Chair, Co								Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that

TR-1 (05/2003) 1 copy State Supt. 1 copy County Supt. 1 copy School District Rate Per Mile \$1.57 Legal Entity Number 0840 1212 Rated Capacity 77 **District Owned** Legal Entity

receives state reimbursement even though transportees of another legal entity may utilize the services. **Due Dates: To County Supt** All Routes October 1 October 15 County Name County Number District Name Silver Bow **Butte Public Schools** Type of Service ☐ Bus Route Mileage Route # Length of Route (miles per day) □ Non Bus Mileage S tlc 55.6 Bus Route Mileage Vehicle I.D. # License # □ District Owned □ Contract - If so, Name of Owner 5589 523 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity 0840 % % % % 100.00 PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** riding this route С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by

the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in

accordance with 20-10-132, MCA

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee Signature - Chair, Board of Trustees Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee	Date



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e							e one form for e	each bus route that
Due Date : All Routes				Cour ctober	nty Supt	To OPI October 15		Rate Per Mile \$1.57
County Name			County Number		District	Name		Legal Entity Number
Silver Bow			47		Butte	Public Schools		0840 1212
Route #	Length	of Route	(miles per day)		Type of	Service Bus Route	-	Rated Capacity
O AM1	47.8				Bus R	□ Non Bus M coute Mileage	ileage	76
Vehicle I.D. #	L	icense #			District	Owned	District Owr	ned
0720	5	555				ct - If so, Name of Owner cted rate per mile		
Reimbursement Distribution- Er	nter the l	egal entity			state/co		e paid to each di	strict. Note: Percentages
Legal Entity Legal Entity					Legal E		Legal Enti	ty
1212			0840					
% 48.00		% 52	2.00		%		%	
PASSENGER INFORMATION			EL EMENTA DV DIE	DEDO		1110110011001	DIDEDO	TOTAL
Number of Preschool/Kindergar riding this route	ten pupi	ils	ELEMENTARY RII (Grades PK-8			HIGH SCHOOL (Grades 9-		TOTAL ELIGIBLE RIDERS
			a NUMBER			b NUMBE	2	c a+b
Regular (include eligible Preschool/liriders)	Kindergar	ten	NOMBLIX			IVOIVIBL	`	a + b
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	lance garten ride	ers)						
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filling of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees								
Signature - Chair, Board of Trustees	•						Date	
County This Application for Registration area assigned to it by the County	of Scho	ool Bus ar	nd State Reimbursemer			accordance with Section eviewed and I certify that		
Signature - Chair, County Transport	ation Con	nmittee					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e							
Due Date All Routes				ounty Sup		DPI ober 15	Rate Per Mile \$1.57
County Name			County Number	District Name			Legal Entity Number
Silver Bow			47		Public School		0840 1212
Route #	Length of Route (miles per day)			Type of	Service □ Bus	s Route Mileage n Bus Mileage	Rated Capacity
O PM1	47.8			Bus R	oute Mileage		76
Vehicle I.D. # 0720	Licen 555	se#			Owned ct - If so, Name o cted rate per mile		Owned
Reimbursement Distribution- Er		entity	number and percentage				h district. Note: Percentages
Legal Entity Legal Entity				atch budget Legal E		Legal	Entity
1212			340				
% 14.00	%	86.	00	%		%	
PASSENGER INFORMATION	70					70	_
Number of Preschool/Kindergar riding this route	ten pupils		ELEMENTARY RIDE (Grades PK-8)	ERS		CHOOL RIDERS rades 9-12)	TOTAL ELIGIBLE RIDERS
			a NUMBER		,	b NUMBER	c a+b
Regular (include eligible Preschool/liriders)	Kindergarten		NONBLIC			NOMBLIX	a i b
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	ance						
Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
We hereby certify that this bus wind County Transportation Committee. We agree to supervision of this be required; to provide a vehicle which Superintendent; and to provide a lick We also agree to refrain from sol We understand that violations of this bus route. We agree that if this route crosses the school boards of both districts standers we understand route changes of accordance with 20-10-132, MCA.	We further cer us and bus ro meets the mir ensed, qualifie iciting or caus the laws, rules as district lines hall be attache	tify that ute by t imum s d and a ding other or regional and trand to the	this bus transports pupils of the State Superintendent; to standards as established by approved driver to operate sers to solicit students from culations governing school transports students from outs a county superintendent's or	eligible for sch o make such r o the Board of such vehicle a other transpor ransportation ide the districtory of this do	nool transportation a eports to the State S Public Education, the s required by 20-10 tation areas. will be sufficient cau t, a copy of the agre sument.	s defined by 20-10-101 Superintendent and Cone Montana Highway P. -103, MCA. use for withholding of st ement between Boards	, MCA. unty Superintendent as are atrol and the State ate and county reimbursement for s, 20-10-126(2) MCA, signed by
I certify that this application for the bus operates on the route as application for the same of the s	0					,	,
Signature - Chair, Board of Trustees		WILL	are a anoportation se		co.g.roa by the O	Date	
County This Application for Registration area assigned to it by the County	of School E	us and					
Signature - Chair, County Transport						Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e							
Due Dates All Routes				county Suprober 1	To OPI October 15		Rate Per Mile \$1.36
County Name			County Number	District	Name		Legal Entity Number
Silver Bow			47		Public Schools		0840 1212
Route #	Length of	Route	(miles per day)	Type of	f Service □ Bus Route Mi □ Non Bus Mile	-	Rated Capacity
SE1 PM3	48			Bus R	toute Mileage	Ū	66
Vehicle I.D. #	Lice	nse #		□ District	: Owned ct - If so, Name of Owner	District Own	ed
9314	689	9			cted rate per mile		
Reimbursement Distribution- Er	nter the lega	al entity		e of state/co		aid to each dis	trict. Note: Percentages
Legal Entity Legal Entity				Legal E		Legal Entit	у
0840		12	212				
% 41.00	d	% 59.	00	%		%	
PASSENGER INFORMATION		1	ELEMENTARY RIDE	-DC	HIGH COHOOL B	IDEDC	TOTAL
Number of Preschool/Kindergar riding this route	ten pupils		(Grades PK-8)	EKS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a NUMBER		b NUMBER		c a + b
Regular (include eligible Preschool/kriders)	Kindergarten		HOMBER		HOMBER		u s
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	ance						
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible))					
TOTAL RIDERS							
We hereby certify that this bus will County Transportation Committee. We agree to supervision of this be required; to provide a vehicle which Superintendent; and to provide a lick We also agree to refrain from sol We understand that violations of this bus route. We agree that if this route crosse the school boards of both districts she we understand route changes of accordance with 20-10-132, MCA.	We further cous and bus remeets the mensed, qualificiting or cauthe laws, rules district lines all be attach	ertify that oute by t inimum s ied and a sing others or regions and trained to the	this bus transports pupils the State Superintendent; to trandards as established by upproved driver to operate sers to solicit students from culations governing school transports students from outs a county superintendent's c	eligible for schoon make such rong the Board of such vehicle a other transportation dide the distriction opposed this door so the striction opposed the such that the distriction opposed the such that the such tha	nool transportation as defined by eports to the State Superintend Public Education, the Montana is required by 20-10-103, MCA. tation areas. will be sufficient cause for withh t, a copy of the agreement betwourent.	y 20-10-101, MC, ent and County S Highway Patrol a nolding of state an reen Boards, 20-	A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by
I certify that this application for rubus operates on the route as ap	0				•	,	· · · · · · · · · · · · · · · · · · ·
Signature - Chair, Board of Trustees		ana will	mi are transportation se	i vioc aica a	osigned by the County Har	Date	minute.
County 1 This Application for Registration area assigned to it by the Count	of School	Bus and	d State Reimbursement		accordance with Section action action action actions and I certify that this		
Signature - Chair, County Transport			-			Date	_



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance with Title 2Q. Chapter 10. Part 1, MCA. School district official must complete one form for each bus route that receives state removes. Part Per Mile Part No. 10 County Supt 10 QPI Colorer 15 St. 38 All Routes County Number Colorer 15 St. 38 County Name County Number District Name Legal Entity Number Silver Bow 47 Butter Public Schools QRA 1212 Route # Length of Route (miles per day) Type of Service F Bus Route Mileage Rated Capacity Bus Route # Length of Route (miles per day) Type of Service F Bus Route Mileage Add Capacity Question 10. Non Bus Mileage 66 SET AMT 48 Butter Public Schools QRA 1212 Reimbursement Distribution- Enter the legal entity number and per centage of state/county reimbursement to be paid to each district. Note: Percentages must make the per mile Legal Entity Question 1212 Legal Entity Legal Entity Degal Entity Question 1212 Legal Entity Degal Entity Degal Entity Question 1212 Legal Entity Degal Entity Degal Entity Question 1212 Sy 55.00 W 45.00 W 45.00 W 59 PASSENGER INFORMATION Legal Entity Degal E	This form is required in accorda	ance with 1	Title 20 (Chanter 10 Part 1 MCA	School di	strict official m	ust complete o	ne form for ea	ach hus route that
Due Dates: All Routes County Name Silver Bow A7 Butte Public Schools O840 1212 Type of Service District Name Bus Route Mileage Faled Capacity Finan Bus Mileage Faled Capacity Finance Faled Capacity Finan Bus Mileage Faled Capacity Finance Faled Ca									
County Name County Number	Due Date	s:		To C	ounty Sup	t 1	Го ОРІ		Rate Per Mile
Silver Bow	All Routes	8		Octo	ober 1	•	October 15	:	\$1.36
Rated Capacity SE1 AM1	County Name			County Number	District	Name			Legal Entity Number
Rated Capacity SE1 AM1	Silver Bow	47				Public Sch	ools		0840 1212
SET AM1 48 Bus Route Milleage 66 Vehicle I.D. # District Owned District Owned State		Length of	of Route	(miles per day)		f Service	Bus Route Mile	•	
Vehicle I.D. # Cleanse #	SE1 AM1	48			Bus F			ge	66
Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity	Vehicle I.D. #		□ Distric	t Owned	D	istrict Own	ed		
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Legal Entity 1212 Legal Entity 1212 Legal Entity 1212 Legal Entity Legal Entity Legal Entity 1212 Legal Entity Legal Entit	Reimbursement Distribution- En	nter the le	gal entity		e of state/co	ounty reimburs		id to each dis	trict. Note: Percentages
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This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation	County Transportation Committee Approval as required in accordance with Section 20.10.122 MCA							Α	
area assigned to it by the County Transportation Committee.	This Application for Registration	n of Schoo	ol Bus and	d State Reimbursement					
Signature - Chair, County Transportation Committee Date				опшиее.				Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that

receives state reimbursement e	•	Data Dan Mila					
Due Dates All Routes			County Supt ober 1	To OF Octob		Rate Per Mile \$0.95	
County Name		County Number	District	Name		Legal Entity Number	
Silver Bow		47	Butte	Public Schools		0840 1212	
Route #	Length of Ro	ute (miles per day)	Type of		Route Mileage Bus Mileage	Rated Capacity	
6se 130	49.9		Bus R	oute Mileage	Bus Willcage	32	
Vehicle I.D. #	License	#	□ District	Owned ct - If so, Name of 0	District Own	ed	
1190	673			cted rate per mile _			
Reimbursement Distribution- En	ter the legal e		e of state/co		nt to be paid to each dis	strict. Note: Percentages	
Legal Entity 0840 	Legal E		Legal E		Legal Entit	У	
PASSENGER INFORMATION							
Number of Preschool/Kindergar riding this route	ten pupils	ELEMENTARY RIDI (Grades PK-8)	ERS		HOOL RIDERS ides 9-12)	TOTAL ELIGIBLE RIDERS	
		a NUMBER		NI	b UMBER	c a+b	
Regular (include eligible Preschool/hriders)	Kindergarten						
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	ance						
Nonpublic School Riders (ineligible)	actor macro,						
TOTAL RIDERS							
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County 1 This Application for Registration area assigned to it by the Count	of School Bus		-				
Signature - Chair, County Transportation Committee Date							



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

Rate Per Mile Due Date: All Routes County Name County	This form is required in accorda	nce with Title 20	, Chapter 10, Part 1, MCA	A. School di	strict official must c	omplete one form	for each bus route that	
Due bates: All Routes County Name County Name County Name County Name County Number District Name Legal Entity Number Butte Public Schools 0840 1212 Route # Legal Entity Number Silver Bow 47 Butte Public Schools 17 ye of Service L Bus Route Mileage Route						•		
County Name County Number								
Silver Bow 47 Butte Public Schools 0840 1212 Route # Length of Route (miles per day) Type of Service Dus Route Mileage	All Routes	i	Octo	ober 1	Octob	Der 15	\$0.95	
Route # Length of Route (miles per day) 49.9 Bus Route Mileage 32 Short Mileage 33 Short Mileage 34 Short Mileage 35 Short Mileage 36 Short Mileage 37 Short Mileage 38 Short Mileage 38 Short Mileage 39 Short Mileage 30	County Name		County Number	District	Name		Legal Entity Number	
See 300 49.9 Bus Route Mileage 32	Silver Bow							
See 300 49.9 Bus Route Mileage 32	Route #	Length of Rout	e (miles per day)	Type of			Rated Capacity	
Reimbursement Distribution: Enter the legal entity number and percentage of stateCounty reimbursement to be paid to each district. Note: Percentages must march budget Legal Entity 0840 Separation Legal Entity Legal Entity 1 Legal Entity 2 Legal Entity 3 1 Legal Entity 1 Legal Entity 2 Legal Entity 3 1 Legal Entity 4 Legal Entity 2 Legal Entity 2 Legal Entity 3 1 Legal Entity 4 Legal Entity 4 Legal Entity 4 Legal Entity 4 Legal Entity 5 1 Legal Entity 4 Legal Entity 5 2 Legal Entity 5 3 1 Legal Entity 6 3 1 Legal	6se 300	49.9		Bus R		bus ivilleage	32	
Reimbursement Distribution-Einter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity	Vehicle I.D. #	License #					Owned	
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	This Application for Registration	of School Bus a	ind State Reimbursement					
Signature Shari, Starting Halloperiation Softmittee						Date	_	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is requir	ed in accordan	ice with Title	e 20, C	hapter 10, Part 1, MCA	A. School c	istrict official	must complete	one form for e	ach bus route that
	nbursement ev	en though ti		rtees of another legal e			vices.		Rate Per Mile
	Due Dates : All Routes	:			ounty Sup ober 1	ot	To OPI October 15		\$0.95
County Name				County Number	Distric	t Name			Legal Entity Number
Silver Bow	Silver Bow 47				Butte	Public Sc	chools		0840 1212
Route #					Туре		□ Bus Route Mi□ Non Bus Mile		Rated Capacity
6se am		49.9			Bus I	Route Mile		age	32
Vehicle I.D. #	1	Licens	se#		□ Distric			District Own	ed
1190		673				act - if so, iva	ame of Owner er mile		
Reimbursement D	istribution- Ent	er the legal	entity				irsement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity		Legal	l Entity		atch budge Legal			Legal Entit	ry .
0840									
% 100.00)	%			%			%	
PASSENGER INF		,,			,,,	_		,,	
Number of Presch riding this route	ool/Kindergarte	en pupils		ELEMENTARY RIDE (Grades PK-8)	ERS	HI	GH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
				a			b		С
Regular (include elig	ible Preschool/Ki	indergarten		NUMBER			NUMBER		a + b
riders) 1st Wheelchair (WC))								
2nd Wheelchair (WC	;)								
Additional Wheelcha	irs (WC)								
Non-WC IEP Lists Ti	rans as Related S	Service							
TOTAL ELIGIBLE	RIDERS								
Ineligible Public Schomiles OR nonresider									
agreement) (Include ineligible Pr									
Nonpublic School Ri	ders (ineligible)								
TOTAL RIDERS									
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Signature - Chair, Board of Trustees Date									
County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.							CA .		
This Application for area assigned to i	or Registration	of School B	us and	State Reimbursement					s within the transportation
Signature - Chair, Co	ounty Transportat	tion Committe	ее					Date	



Combined School District Application for Registration of School Bus & State Reimbursement

1 copy State Supt. 1 copy County Supt. 1 copy School District

Helena, MT 59620-2501 School Year 2003 - 2004 This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** All Routes October 1 October 15 \$1.36 County Name County Number District Name Legal Entity Number Silver Bow **Butte Public Schools** 0840 1212 Type of Service ☐ Bus Route Mileage Route # Length of Route (miles per day) Rated Capacity □ Non Bus Mileage P AM 51 66 Bus Route Mileage Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 9313 690 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 1212 0840 % % % 44.00 % 56.00 PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** riding this route С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee	Date



Combined School District Application for Registration of School Bus & State Reimbursement

1 copy State Supt. 1 copy County Supt. 1 copy School District

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Date

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area accigned to it by the obtain, maneportation committee.	
Signature - Chair, County Transportation Committee	Date



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e						one form for ea	ach bus route that
Due Dates All Routes				County Suprober 1	t To OPI October 15		Rate Per Mile \$1.57
County Name			County Number	District	Name		Legal Entity Number
Silver Bow			47	Butte	Public Schools		0840 1212
Route #	Length o	of Route ((miles per day)	Type of	f Service □ Bus Route Mi □ Non Bus Mile	_	Rated Capacity
N 2:00	27.4			Bus R	Coute Mileage	77	
Vehicle I.D. #	Lic	ense #		□ District		District Own	ed
1189	67	70			ct - If so, Name of Owner cted rate per mile		
Reimbursement Distribution- En	iter the leg	gal entity		e of state/co		aid to each dis	trict. Note: Percentages
Legal Entity	Le	gal Entity		Legal E		Legal Entit	у
0840							
% 100.00		%		%		%	
PASSENGER INFORMATION						2500	70711
Number of Preschool/Kindergar riding this route	ten pupils	;	ELEMENTARY RIDI (Grades PK-8)	=KS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a NUMBER		b NUMBER		c a+b
Regular (include eligible Preschool/k riders)	Kindergarte	n	NOWBER		NOMBER		a i b
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	ance	s)					
Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
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Signature - Chair, Board of Trustees					<i>y</i> ,	Date	
0		latic := 2	mmittee Ammo1		accordance with Octob	20 40 420 150	· A
This Application for Registration area assigned to it by the Count	of Schoo ty Transpo	ol Bus and ortation C	d State Reimbursement		accordance with Section 2 eviewed and I certify that this	s bus operates	
Signature - Chair, County Transporta	ation Comm	nittee				Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This fame is required in accorda	:41- T:41-	20 Chantan 10 I	Dart 4 MCA	Cabaaldi	trict official m			ala la comunica de ad	
This form is required in accordance receives state reimbursement events.									
Due Dates	s:		To C	ounty Supt		То ОРІ		Rate Per Mile	
All Routes	-		Octo			October 15		\$1.57	
County Name		County Nu	mber	District	Name			Legal Entity Number	
Silver Bow		47		Butte	Public Sch	ools		0840 1212	
Route #	Length of R	oute (miles per da	ay)		Service	Bus Route Mile	•	Rated Capacity	
N 3:00	27.4			Bus R	□ Non Bus Mil Bus Route Mileage		nge 77		
Vehicle I.D. #	Licens	se #		□ District				trict Owned	
1189	670				ct - If so, Nan cted rate per				
Reimbursement Distribution- En	ter the legal	entity number and		of state/co	unty reimburs		id to each dis	trict. Note: Percentages	
Legal Entity	Legal	Entity	must ma	atch budget Legal E			Legal Entit	v	
0840		,		J	,				
0/ 400.00	0/			0/			0/		
% 100.00 PASSENGER INFORMATION	%			%			%		
Number of Preschool/Kindergart	ten nunile		TARY RIDE des PK-8)	RS	HIG	H SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS	
riding this route		(010	ucs i it-o)			(Oraces 5-12)	'	LEIGIBLE RIBERO	
			a			b		C .	
Regular (include eligible Preschool/K	(indergarten	N	JMBER		NUMBER			a + b	
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., u									
agreement) (Include ineligible Preschool/Kinderg									
Nonpublic School Riders (ineligible)	arton naoro,								
TOTAL RIDERS									
We hereby certify that this bus wil									
County Transportation Committee. We agree to supervision of this bu	us and bus rou	te by the State Supe	rintendent; to	make such r	eports to the St	ate Superintende	nt and County S	Superintendent as are	
required; to provide a vehicle which r Superintendent; and to provide a lice	ensed, qualified	I and approved drive	r to operate s	uch vehicle a	s required by 2		ngnway Patrol a	and the State	
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County T This Application for Registration area assigned to it by the Count	of School Bu								
Signature - Chair, County Transporta							Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e							
Due Dates All Routes			County Suprober 1	t To OPI October 15		Rate Per Mile \$1.57	
County Name		County Number	District	Name		Legal Entity Number	
Silver Bow		47		Public Schools		0840 1212	
Route #	Length of Route	e (miles per day)	Type of	f Service □ Bus Route Mi □ Non Bus Mile	-	Rated Capacity	
N am1	27.4		Bus R	toute Mileage	J	77	
Vehicle I.D. #	License #		□ District	: Owned ct - If so, Name of Owner	District Own	strict Owned	
1189	670			cted rate per mile			
Reimbursement Distribution- Er	nter the legal entit		e of state/co		aid to each dis	trict. Note: Percentages	
Legal Entity	Legal Ent		Legal E		Legal Entit	у	
0840							
% 100.00	%		%		%		
PASSENGER INFORMATION		ELEMENTARY RIDE	-DC	HIGH COHOOL D	IDEDC	TOTAL	
Number of Preschool/Kindergar riding this route	ten pupils	(Grades PK-8)	=K5	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS	
		a NUMBER		b NUMBER		c a + b	
Regular (include eligible Preschool/kriders)	Kindergarten	NOMBER		NOMBER		u s	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	ance						
Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.							
I certify that this application for rous operates on the route as ap	•			•	,	· · · · · · · · · · · · · · · · · · ·	
Signature - Chair, Board of Trustees		are adireportation se	1100 0100 0	estable by the county fran	Date		
County This Application for Registration area assigned to it by the County	of School Bus a	nd State Reimbursement		accordance with Section eviewed and I certify that this			
Signature - Chair, County Transporta					Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance	e with Title 20, 0	Chapter 10, Part 1, MCA	. School dis	strict official must co	mplete one form	n for each bus route that	
receives state reimbursement even					·	Rate Per Mile	
Due Dates:			ounty Supt				
All Routes		Octo	ber 1	Octob	er 15	\$1.57	
County Name		County Number	District	Name		Legal Entity Number	
Silver Bow		47	Butte Public Schools			0840 1212	
Route #	ength of Route	(miles per day)	Type of	Service Bus F	Route Mileage Bus Mileage	Rated Capacity	
N am2 2	7.4		Bus R	oute Mileage	77		
Vehicle I.D. #	License #		□ District			t Owned	
1189	670			ct - If so, Name of C cted rate per mile _	wner		
Reimbursement Distribution- Enter	the legal entity				t to be paid to ea	ach district. Note: Percentages	
Legal Entity	Legal Entity		atch budget Legal E		Lega	al Entity	
0840							
% 100.00	%		%		%		
PASSENGER INFORMATION	70		70		70		
Number of Preschool/Kindergarten	nunils	ELEMENTARY RIDE (Grades PK-8)	RS		IOOL RIDERS des 9-12)	TOTAL ELIGIBLE RIDERS	
riding this route		(Grades 1 14-0)		(Grac	103 0-12)	ELIGIBLE NIDENO	
		а			b	С	
Regular (include eligible Preschool/Kind	dergarten	NUMBER		NUMBER		a + b	
riders) 1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related Ser	rvice						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., und miles OR nonresident and no attendance							
agreement) (Include ineligible Preschool/Kindergarte	en riders)						
Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
We hereby certify that this bus will on							
County Transportation Committee. We We agree to supervision of this bus a	and bus route by t	the State Superintendent; to	make such r	eports to the State Sup	perintendent and C	ounty Superintendent as are	
required; to provide a vehicle which mee Superintendent; and to provide a license	ed, qualified and a	approved driver to operate s	such vehicle a	s required by 20-10-10		Patrol and the State	
We also agree to refrain from soliciting We understand that violations of the					for withholding of	state and county reimbursement for	
this bus route. We agree that if this route crosses di					nent between Board	ds, 20-10-126(2) MCA, signed by	
the school boards of both districts shall li We understand route changes occurr					val of the County 1	Fransportation Committee in	
accordance with 20-10-132, MCA. I certify that this application for regi	istration of scho	ool bus and state reimbu	rsement is t	rue and complete to	the best of my l	knowledge and belief, and the	
bus operates on the route as appro Signature - Chair, Board of Trustees							
organization of organization indicates					Date		
		ommittee Approval as					
This Application for Registration of area assigned to it by the County T			has been re	viewed and I certify	that this bus op	erates within the transportation	
Signature - Chair, County Transportation	n Committee				Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda	nce with Title 20), Chapter 10, Part 1, MCA	A. School di	strict official must co	omplete one form	n for each bus route that
receives state reimbursement e	ven though trans	sportees of another legal e	entity may ut	ilize the services.		Rate Per Mile
Due Dates All Routes			County Suprober 1	To OP		
All Roules		Ocit	ober i	Octob	ei io	\$1.36
County Name		County Number	District	Name		Legal Entity Number
Silver Bow		47	Butte	Public Schools		0840 1212
Route #	Length of Rou	te (miles per day)	Type of	Service 🗆 Bus F	Route Mileage Bus Mileage	Rated Capacity
M AM2	26.1		Bus R	oute Mileage	66	
Vehicle I.D. #	License #	‡	□ District		Owned	
1059	489			ct - If so, Name of 0 cted rate per mile _	Jwner 	
Reimbursement Distribution- En	iter the legal ent				t to be paid to ea	ach district. Note: Percentages
Legal Entity	Legal En		natch budget Legal E		Lega	al Entity
0840				-		
% 100.00	%		%		%	,
% 100.00 PASSENGER INFORMATION	70		70		70	
Number of Preschool/Kindergar	ten nunils	ELEMENTARY RIDE (Grades PK-8)	ERS		HOOL RIDERS des 9-12)	TOTAL ELIGIBLE RIDERS
riding this route	Terr pupils	(Grades Fix-o)		(Gran	ucs 5-12)	LEIGIBLE NIBENO
		a			b	С
Regular (include eligible Preschool/h		NUMBER		NUMBER		a + b
riders) 1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., miles OR nonresident and no attend						
agreement) (Include ineligible Preschool/Kinderg	garten riders)					
Nonpublic School Riders (ineligible)						
TOTAL RIDERS						
We hereby certify that this bus wi						
County Transportation Committee. We agree to supervision of this b	us and bus route b	by the State Superintendent; to	o make such r	eports to the State Su	perintendent and C	ounty Superintendent as are
required; to provide a vehicle which Superintendent; and to provide a lice	ensed, qualified an	nd approved driver to operate	such vehicle a	s required by 20-10-10		Patrol and the State
					for withholding of	state and county reimbursement for
					nent between Board	ds, 20-10-126(2) MCA, signed by
the school boards of both districts sh We understand route changes on					oval of the County 1	Fransportation Committee in
accordance with 20-10-132, MCA. I certify that this application for r	egistration of so	chool bus and state reimbu	ırsement is t	rue and complete to	the best of my l	knowledge and belief, and the
bus operates on the route as ap Signature - Chair, Board of Trustees		within the transportation se	ervice area a	ssigned by the Cou	inty Transportation	on Committee.
ga.a.a Shan, Double of Husboos					Date	
		Committee Approval as				
This Application for Registration area assigned to it by the Count			nas been re	eviewed and I certify	tnat this bus op	erates within the transportation
Signature - Chair, County Transporta	ation Committee				Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt.1 copy County Supt.1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.36 Legal Entity Number County Name County Number District Name Silver Bow **Butte Public Schools** 0840 1212 Length of Route (miles per day) Type of Service ☐ Bus Route Mileage Route # Rated Capacity □ Non Bus Mileage M PM1 26.1 66 Bus Route Mileage Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 1059 489 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0840 % % % % 100.00 PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** riding this route С **NUMBER** NUMBER a + h Regular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee Signature - Chair, Board of Trustees Date County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda	nce with T	Γitle 20, C	Chapter 10, Part 1, MCA	. School di	strict official	must complete o	ne form for ea	ach bus route that	
receives state reimbursement e								Rate Per Mile	
Due Dates				ounty Sup	t	To OPI October 15			
All Routes			Octo	bberi		October 15		\$1.36	
County Name			County Number	District	Name			Legal Entity Number	
Silver Bow			47	Butte	Public Sc	hools		0840 1212	
Route #	Length o	of Route	(miles per day)	Type of	Type of Service ☐ Bus Route Mileage ☐ Non Bus Mileage			Rated Capacity	
M AM1	26.1			Bus F	Route Mile		ge	66	
Vehicle I.D. #	Lic	ense #		□ District			istrict Own	ed	
1059	48	9			☐ Contract - If so, Name of Owner ☐ Contracted rate per mile				
Reimbursement Distribution- En	nter the leg	gal entity				rsement to be pa	id to each dis	strict. Note: Percentages	
Legal Entity	Le	gal Entity		atch budget Legal E			Legal Entit	у	
1212		30	340						
% 53.00		% 47.	00	%			%		
PASSENGER INFORMATION		70 47.	00	70			70		
Number of Preschool/Kindergar	ten nunils		ELEMENTARY RIDE (Grades PK-8)	RS	HIC	GH SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS	
riding this route			(Glados I II o)			(014400 0 12)		ELIGIBLE HIBERG	
			a NUMBER			b		С	
Regular (include eligible Preschool/h	Regular (include eligible Preschool/Kindergarten					NUMBER a+b			
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e.,	under 3								
miles OR nonresident and no attend agreement)									
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	garten riders	s)							
TOTAL RIDERS									
TOTAL RIDERS									
We hereby certify that this bus will County Transportation Committee.									
We agree to supervision of this b required; to provide a vehicle which	us and bus	route by t	he State Superintendent; to	make such r	eports to the S	State Superintende	nt and County S	Superintendent as are	
Superintendent; and to provide a lice We also agree to refrain from soli	ensed, qual	ified and a	approved driver to operate s	such vehicle a	is required by		ilgilway i alioi i	and the otate	
We understand that violations of this bus route.						nt cause for withho	lding of state a	nd county reimbursement for	
We agree that if this route crosse the school boards of both districts sh						e agreement betwe	en Boards, 20-	10-126(2) MCA, signed by	
We understand route changes of accordance with 20-10-132, MCA.						nd approval of the	County Transpo	ortation Committee in	
I certify that this application for r									
bus operates on the route as ap Signature - Chair, Board of Trustees		and with	nin the transportation se	rvice area a	issigned by t	ine County Trans	portation Cor Date	nmittee.	
County 1 This Application for Registration			mmittee Approval as I						
area assigned to it by the Count	ty Transpo	ortation C		nas been le	vicwou anu	r ocrany mat mis		wallin the transportation	
Signature - Chair, County Transporta	ation Comm	nittee					Date		



Combined School District Application for Registration of School Bus & State Reimbursement

	.,		S	cnool Year 2003 - 200	4			
This form is required in accordareceives state reimbursement e					one form for e	each bus route that		
	-					Rate Per Mile		
Due Date All Routes			ounty Supt ber 1	t To OPI October 15		\$1.36		
County Name	County Number	District	Name		Legal Entity Number			
Silver Bow Route #	Length of Rout	e (miles per day)		Public Schools Service Bus Route Mi	ileage			
M PM2	26.1	, , ,	"	□ Non Bus Mile	-			
Vehicle I.D. #	License #		☐ District	oute Mileage Owned	District Owr			
1059	489			ct - If so, Name of Owner cted rate per mile		istrict Switcu		
Reimbursement Distribution- Er	nter the legal enti				aid to each di	strict. Note: Percentages		
Legal Entity	Legal Ent	ity		ch budget! Legal Entity Legal Entity				
1212		0840						
% 55.00	% 4	5.00	%		%	Rate Per Mile \$1.36 Legal Entity Number 0840 1212 Rated Capacity 66 rict Owned Regal Entity % RS TOTAL ELIGIBLE RIDERS C a + b C a + b RO each district. Note: Percentages Legal Entity % RS TOTAL ELIGIBLE RIDERS Of a + b RO each district. Note: Percentages Legal Entity % RS Legal Entity % RS Logal Entity RS RS RS Logal Entity RS RS RS Logal Entity RS RS RS RS RS RS RS RS RS R		
PASSENGER INFORMATION		ELEMENTARY RIDE	DC.	HIGH SCHOOL R	IDEBS	TOTAL		
Number of Preschool/Kindergar	ten pupils	(Grades PK-8)	.KS	(Grades 9-12				
riding this route								
				b NUMBER				
Regular (include eligible Preschool/l riders)	Kindergarten							
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attended)								
agreement) (Include ineligible Preschool/Kinderg								
Nonpublic School Riders (ineligible)	, ,							
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees								
	of School Bus a	nd State Reimbursement		accordance with Section eviewed and I certify that this				
Signature - Chair, County Transport	, 				Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e							
Due Dates All Routes			County Suprober 1	To OPI October 15		Rate Per Mile \$1.36	
County Name		County Number	District	Name		Legal Entity Number	
Silver Bow		47		Public Schools		0840 1212	
Route #	Length of Route	e (miles per day)	Type of	Service Bus Route Mi Non Bus Mile	-	Rated Capacity	
C 2pm	25.1		Bus R	oute Mileage		66	
Vehicle I.D. #	License #		 □ District Owned □ Contract - If so, Name of Owner 				
9311	688			cted rate per mile			
Reimbursement Distribution- En	iter the legal entit		e of state/co		aid to each dis	trict. Note: Percentages	
Legal Entity	Legal Enti		Legal E		Legal Entit	у	
0840							
% 100.00	%		%		%		
PASSENGER INFORMATION		ELEMENTARY RIDE	-DC	HIGH SCHOOL D	DEDC	TOTAL	
Number of Preschool/Kindergar riding this route	ten pupils	(Grades PK-8)	EKS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
		a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/kriders)	NOMBER		NOMBER		u v s		
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	ance						
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	garteri fiders)						
TOTAL RIDERS							
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I certify that this application for r bus operates on the route as ap	0			•	,	9	
Signature - Chair, Board of Trustees		amir the transportation se		congride by the county Trans	Date		
County 1 This Application for Registration area assigned to it by the Count	of School Bus ar	nd State Reimbursement		accordance with Section 2 eviewed and I certify that this			
Signature - Chair, County Transporta					Date		



Office of Public Instruction Linda McCulloch, Superintendent PO Box 202501

Combined School District Application for Registration of School Bus & State Reimbursement

1 copy State Supt. 1 copy County Supt.

1 copy School District Helena, MT 59620-2501 School Year 2003 - 2004 This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** All Routes October 1 October 15 \$1.36 County Name County Number District Name Legal Entity Number Silver Bow **Butte Public Schools** 0840 1212 Type of Service ☐ Bus Route Mileage Route # Length of Route (miles per day) Rated Capacity □ Non Bus Mileage C 3pm 25.1 66 Bus Route Mileage Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 9311 688 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0840 % % % % 100.00 PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** riding this route С **NUMBER** NUMBER a + h Regular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State

Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

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We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in

accordance with 20-10-132, MCA

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee Signature - Chair, Board of Trustees Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee	Date



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt.1 copy County Supt.1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.36 Legal Entity Number County Name County Number District Name Silver Bow **Butte Public Schools** 0840 1212 Length of Route (miles per day) Type of Service ☐ Bus Route Mileage Route # Rated Capacity □ Non Bus Mileage 66 C am 25.1 Bus Route Mileage Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 9311 688 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0840 % % % % 100.00 PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** riding this route С **NUMBER** NUMBER a + h Regular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e						ne form for ea	ach bus route that	
Due Date : All Routes	s:	To	o County October 1	•	To OPI October 15		Rate Per Mile \$1.36	
County Name		County Number	Dis	strict Name			Legal Entity Number	
Silver Bow		47	Ві	utte Public So			0840 1212	
Route #	Length of R	oute (miles per day)	Ту		☐ Bus Route Mile☐ Non Bus Milea		Rated Capacity	
A-AM2	32.9		Вι	us Route Mile		66		
Vehicle I.D. #	Licens	e #		istrict Owned ontract - If so, N		istrict Own	ed	
1058	487		□ C	ontracted rate p	er mile			
Reimbursement Distribution- Er	nter the legal		tage of sta t match bu		ursement to be pa	id to each dis	strict. Note: Percentages	
Legal Entity 0840	Legal			gal Entity		Legal Entit	у	
% 100.00	%			%		%		
PASSENGER INFORMATION		ELEMENTARY R	IDERS	Т	IGH SCHOOL RIE)FRS	TOTAL	
Number of Preschool/Kindergar riding this route	ten pupils	(Grades PK-			(Grades 9-12)		ELIGIBLE RIDERS	
		a NUMBER			b NUMBER		c a+b	
Regular (include eligible Preschool/liriders)	Kindergarten							
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement)	lance							
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees								
							_	
This Application for Registration area assigned to it by the Coun	of School Buty Transporta	tion Committee.				bus operates		
Signature - Chair, County Transport	ation Committe	е				Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev		,			•					
Due Dates All Routes	:			ounty Sup	t To OPI October 15		Rate Per Mile \$1.36			
County Name			County Number	District	Name		Legal Entity Number			
Silver Bow			47	Butte	Public Schools		0840 1212			
Route #	Length of	Route	(miles per day)	Type o	f Service Bus Route Mi Non Bus Mile	-	Rated Capacity			
A-AM1	32.9			Bus Route Mileage 66						
Vehicle I.D. # 1058	Licei 487	nse # ,		□ Contra						
Reimbursement Distribution- Ent			number and percentage		cted rate per mile	aid to each dis	trict Note: Percentages			
			must m	atch budge	t!					
Legal Entity 0840	Lega	al Entity 12	y 212	Legal E	ntity	Legal Entit	y			
% 69.00	9	6 31.	.00	%		%				
PASSENGER INFORMATION										
Number of Preschool/Kindergarteriding this route	en pupils		ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS			
			a NUMBER		b NUMBER		c a + b			
Regular (include eligible Preschool/K riders)	indergarten		NOMBER		NOMBER		a · b			
1st Wheelchair (WC)										
2nd Wheelchair (WC)										
Additional Wheelchairs (WC)										
Non-WC IEP Lists Trans as Related	Service									
TOTAL ELIGIBLE RIDERS										
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda agreement)	ance									
(Include ineligible Preschool/Kinderga Nonpublic School Riders (ineligible)	arten riders)									
TOTAL RIDERS										
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I certify that this application for rebus operates on the route as app										
Signature - Chair, Board of Trustees						Date				
County To This Application for Registration area assigned to it by the County	of School I	Bus and	d State Reimbursement		accordance with Section 2 eviewed and I certify that this					
Signature - Chair, County Transporta						Date				



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

				Chapter 10, Part 1, MC ortees of another legal				one form for e	
	Due Dates	:		То	County Sup	t	To OPI		Rate Per Mile
	All Routes			Oct	tober 1		October 15		\$1.36
County Name			County Number	Distric	October 15 District Name Butte Public Schools Type of Service			Legal Entity Number	
Silver Bow				47	Butte	Public Sc	hools		0840 1212
Route #		Length of F	Route	(miles per day)		f Service	☐ Bus Route Mil		Rated Capacity
A-PM		32.9			Bus F			age	66
Vehicle I.D. #		Licen	se#		□ Distric	District Name Butte Public Schools Type of Service Bus Route Mileage Rated Capacity Bus Route Mileage Contract - If so, Name of Owner Contracted rate per mile of state/county reimbursement to be paid to each district. Note: Percentatch budget Legal Entity ### RS HIGH SCHOOL RIDERS (Grades 9-12) Board of Trustees and within the transportation area assigned and approved by the ligible for school transportation as defined by 20-10-101, MCA. make such reports to the State Superintendent and County Superintendent as are the Board of Public Education, the Montana Highway Patrol and the State uch vehicle as required by 20-10-103, MCA. there is no state and within the transportation of state and county reimbursem de the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed the district and county reimbursement the district and county reimbu			ied
1058		487				•			
Reimbursement D	istribution- Ent	er the legal	entity				rsement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity		Lega	I Entity	у				Legal Entit	ty
0840			12	212					
% 69.00		%	31	.00	%			%	
PASSENGER INF	ORMATION	_				1			
Number of Preschool/Kindergarten pupils riding this route			ELEMENTARY RID (Grades PK-8)		HIC		DERS TOTAL ELIGIBLE RIDERS		
				а					
Regular (include eligible Preschool/Kindergarten				NUMBER			NUMBER		a + b
riders) 1st Wheelchair (WC))								
2nd Wheelchair (WC	;)								
Additional Wheelcha	irs (WC)								
Non-WC IEP Lists Tr	rans as Related S	Service							
TOTAL ELIGIBLE	RIDERS								
Ineligible Public Scho									
agreement) (Include ineligible Pre									
Nonpublic School Ric	ders (ineligible)	arteri riders)							
TOTAL RIDERS									
We hereby certify	that this bus will	operate entir	rely on	the route established by the	he Board of Ti	ustees and wit	hin the transportat	on area assign	ed and approved by the
								Highway Patrol	and the State
				ers to solicit students from ulations governing school			nt cause for withho	olding of state a	nd county reimbursement for
this bus route. We agree that if the	his route crosses	district lines	and tra	ansports students from out	tside the distri	ct, a copy of the	e agreement betwe	een Boards, 20-	10-126(2) MCA, signed by
				e county superintendent's hool year require the filing			nd approval of the	County Transpo	ortation Committee in
accordance with 20-	10-132, MCA.								
bus operates on the	ne route as app							sportation Co	
Signature - Chair, Bo	oard of Trustees							Date	
				ommittee Approval as					
This Application for area assigned to it					nt has been r	eviewed and	I certify that this	bus operates	within the transportation
Signature - Chair, Co	ounty Transporta	tion Committe	ее					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

				hapter 10, Part 1, MCA					one form for e	ach bus route that	
receives state rein		· ·	anspor	rtees of another legal e	,	•				Rate Per Mile	
	Due Dates All Routes	:		Octo		nty Supt		To OPI October 15		\$1.36	
County Name				County Number		District	Name			Legal Entity Number	
Silver Bow				47		Butte	Public Sc	hools		0840 1212	
Route #		Length of R	oute (r	miles per day)		Type of		☐ Bus Route Mi☐ Non Bus Mile		Rated Capacity	
1am		33.9				Bus R	oute Mile		ay c	66	
Vehicle I.D. #		Licens	se#		_	District			District Owr	ied	
2849		435					ct - If so, Na cted rate pe	ame of Owner er mile	 		
Reimbursement D	istribution- Ent	er the legal	entity r			state/co		rsement to be p	aid to each dis	strict. Note: Percentages	
Legal Entity		Legal	Entity	must m		Legal E			Legal Enti	ty	
0840											
% 100.00	0	%				%		%			
PASSENGER INF										_	
Number of Presch riding this route	nool/Kindergarte	en pupils		ELEMENTARY RIDE (Grades PK-8)	ERS		HI	GH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
				а				b		С	
Regular (include eligible Preschool/Kindergarten				NUMBER				NUMBER a + b			
riders) 1st Wheelchair (WC))										
2nd Wheelchair (WC	•										
Additional Wheelchairs (WC)										-	
Non-WC IEP Lists Ti	rans as Related S	Service									
TOTAL ELIGIBLE	RIDERS										
Ineligible Public Schomiles OR nonresider											
agreement) (Include ineligible Pr											
Nonpublic School Ri		arten nacio)									
TOTAL RIDERS											
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees											
This Application for				nmittee Approval as I						CA. s within the transportation	
area assigned to i	t by the County	/ Transportat	tion Co		1143	DOG!!!!	vicweu allu	. Coruny unat unit		within the transportation	
Signature - Chair, Co	ounty Transporta	tion Committe	е						Date		



County Name

Silver Bow

Vehicle I.D. #

Route #

1Kpm

2849

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Combined School District Application Office of Public Instruction 1 copy State Supt. Linda McCulloch, Superintendent for Registration of School Bus & 1 copy County Supt. PO Box 202501 State Reimbursement 1 copy School District Helena, MT 59620-2501 School Year 2003 - 2004 Rate Per Mile **Due Dates: To County Supt** All Routes October 1 October 15 \$1.36 County Number District Name Legal Entity Number **Butte Public Schools** 0840 1212 Length of Route (miles per day) Type of Service ☐ Bus Route Mileage Rated Capacity □ Non Bus Mileage 33.9 66 **Bus Route Mileage** License # **District Owned** District Owned Contract - If so, Name of Owner 435 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0840 100.00 % % %

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in

accordance with 20-10-132, MCA

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee Signature - Chair, Board of Trustees Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee	Date



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e							
Due Dates All Routes			County Suprectober 1	To OPI October 15		Rate Per Mile \$1.36	
County Name		County Number	District	Name		Legal Entity Number	
Silver Bow		47	Butte	Public Schools		0840 1212	
Route #	Length of Ro	oute (miles per day)	Type of	Service Bus Route Mi	•	Rated Capacity	
1tlc	33.9		Bus R	□ Non Bus Mile Coute Mileage	age	66	
Vehicle I.D. #	License	e #	□ District	: Owned [District Own	ed	
2849	435			ct - If so, Name of Owner cted rate per mile			
Reimbursement Distribution- En	iter the legal e		age of state/co match budget		aid to each dis	trict. Note: Percentages	
Legal Entity	Legal E		Legal E		Legal Entity	У	
0840							
% 100.00	%		%		%		
PASSENGER INFORMATION					5550		
Number of Preschool/Kindergar riding this route	ten pupils	ELEMENTARY RII (Grades PK-8		HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
		a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/h	Kindergarten	NOMBER		NOMBER		a · b	
riders) 1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ance						
TOTAL RIDERS							
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Signature - Chair, Board of Trustees					Date		
This Application for Registration area assigned to it by the Count	of School Bus ty Transportati	s and State Reimburseme on Committee.		accordance with Section 2 eviewed and I certify that this	s bus operates		
Signature - Chair, County Transporta	ation Committee				Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e						one form for ea	ach bus route that		
Due Date All Routes	s:	·	•	unty Supt			Rate Per Mile \$1.36		
County Name		County Numbe	er	District N	Name		Legal Entity Number		
Silver Bow		47			Public Schools		0840 1212		
Route #	Length of R	Route (miles per day)		Type of	Service Bus Route Mil Non Bus Miles	•	Rated Capacity		
2pm	33.9			Bus Ro	oute Mileage	age	66		
Vehicle I.D. #	Licens	se #	-		District Owned Contract - If so, Name of Owner				
2849	435				eted rate per mile				
Reimbursement Distribution- Er	nter the legal			of state/cou ch budget!		aid to each dis	trict. Note: Percentages		
Legal Entity	Legal	Entity	mast mate	Legal En		Legal Entit	у		
0840									
% 100.00	%			%		%			
PASSENGER INFORMATION		ELEMENTAR	V DIDED	e I	HIGH SCHOOL RI	DEDS	TOTAL		
Number of Preschool/Kindergar riding this route	ten pupils	(Grades		3	(Grades 9-12		ELIGIBLE RIDERS		
		a NUME			b NUMBER		c a+b		
Regular (include eligible Preschool/kriders)	Kindergarten	1101112	<i>-</i>		NOMBER		u i b		
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	ance								
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)									
TOTAL RIDERS									
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Signature - Chair, Board of Trustees	•					Date			
This Application for Registration area assigned to it by the Count	of School Bity Transporta	us and State Reimburs tion Committee.			accordance with Section 2 viewed and I certify that this				
Signature - Chair, County Transporta	ation Committe	е				Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e						
Due Dates All Routes			County Supertober 1	To OPI October 15		Rate Per Mile \$1.36
County Name		County Number	District	Name		Legal Entity Number
Silver Bow		47	Butte	Public Schools		0840 1212
Route #	Length of Ro	oute (miles per day)	Type of	Service Bus Route Mi	-	Rated Capacity
3pm	33.9		Bus R	□ Non Bus Mile Coute Mileage	age	66
Vehicle I.D. #	License	e #	□ District	: Owned [District Own	ed
2849	435			ct - If so, Name of Owner cted rate per mile		
Reimbursement Distribution- En	iter the legal e		ge of state/co		aid to each dis	trict. Note: Percentages
Legal Entity	Legal E		Legal E		Legal Entity	У
0840						
% 100.00	%		%		%	
PASSENGER INFORMATION						
Number of Preschool/Kindergar riding this route	ten pupils	ELEMENTARY RIE (Grades PK-8)		HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
		a NUMBER		b NUMBER		c a+b
Regular (include eligible Preschool/h	Kindergarten	NOWBER		NOMBER		a + b
riders) 1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ance					
TOTAL RIDERS						
We hereby certify that this bus wi County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which Superintendent; and to provide a lice We also agree to refrain from soli We understand that violations of this bus route. We agree that if this route crosse the school boards of both districts she we understand route changes of accordance with 20-10-132, MCA. I certify that this application for rous operates on the route as ap Signature - Chair, Board of Trustees	We further certifius and bus route meets the minimensed, qualified iciting or causing the laws, rules on a district lines are all be attached incurring during the registration of approved by another the services of the control of t	y that this bus transports pupils by the State Superintendent; hum standards as established hand approved driver to operate gothers to solicit students from a regulations governing school and transports students from out to the county superintendent's he school year require the filing school bus and state reimb	s eligible for sch to make such r by the Board of e such vehicle a n other transpor I transportation utside the distric- copy of this do g of an amende	nool transportation as defined by eports to the State Superintend. Public Education, the Montana is required by 20-10-103, MCA. tation areas. will be sufficient cause for withh t, a copy of the agreement betwoument. d TR-1 form and approval of the rue and complete to the bes	v 20-10-101, MC/ ent and County S Highway Patrol a olding of state ar een Boards, 20- County Transpo	A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by ortation Committee in added and belief, and the
Signature - Chair, Board of Trustees					Date	
County 1 This Application for Registration area assigned to it by the Count	of School Bus	s and State Reimbursemer		accordance with Section action action action action actions and I certify that this		
Signature - Chair, County Transporta	ation Committee				Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda							ne form for ea	ach bus route that
receives state reimbursement e	ven mou	ugn transpo	ontees of another legal e	muy may u	unze ine servi	ues.		Rate Per Mile
Due Date:				ounty Sup		Го ОРІ		
All Routes	3		Octo	ber 1	(October 15		\$1.57
County Name			County Number	District	Name			Legal Entity Number
Silver Bow			47	Butte	Public Sch	ools		0840 1212
Route #	Length	n of Route	(miles per day)		f Service	Bus Route Mile	•	Rated Capacity
4se 1:30pm	42.1			Due F		Non Bus Milea	ge	77
Vehicle I.D. #	:-	icense #		□ Distric	Route Milea	•	istrict Own	
					ict - If so, Nam		istrict Own	Cu
1187	6	671		□ Contra	cted rate per	mile		
Reimbursement Distribution- Er	nter the le	egal entity				sement to be pa	id to each dis	strict. Note: Percentages
Legal Entity		_egal Entity		atch budge Legal E			Legal Entit	V
0840	1	-ogai Entity	•	Logar	inity		Logar Entit	y
% 100.00		%		%			%	
PASSENGER INFORMATION								
Number of Preschool/Kinderger	ton nunil	ilo	ELEMENTARY RIDE (Grades PK-8)	RS	HIGI	H SCHOOL RIE (Grades 9-12)		TOTAL ELIGIBLE RIDERS
Number of Preschool/Kindergar riding this route	ten pupii	iis	(Grades PK-o)			(Grades 9-12)		ELIGIBLE RIDERS
			a NUMBER			b NUMBER		c a + b
Regular (include eligible Preschool/l	Kindergart	ten						
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	I Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e.,	undor 2							
miles OR nonresident and no attend								
agreement) (Include ineligible Preschool/Kinderg		ers)						
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
We hereby certify that this bus w	ill anarata	antiroly on	the route established by the	Doord of Tr	ustone and within	in the transportati		and approved by the
County Transportation Committee. We agree to supervision of this b	We furthe	er certify that	this bus transports pupils e	ligible for sc	nool transportati	ion as defined by	20-10-101, MC	A. ,
required; to provide a vehicle which	meets the	e minimum s	tandards as established by	the Board of	Public Education	on, the Montana H	,	•
Superintendent; and to provide a lice We also agree to refrain from sol						0-10-103, MCA.		
We understand that violations of this bus route.	the laws,	rules or reg	ulations governing school tr	ansportation	will be sufficient	t cause for withho	lding of state a	nd county reimbursement for
We agree that if this route crosse						agreement betwe	en Boards, 20-	10-126(2) MCA, signed by
the school boards of both districts sl We understand route changes or						d approval of the	County Transpo	ortation Committee in
accordance with 20-10-132, MCA. I certify that this application for	registrati	ion of scho	ol bus and state reimbu	rsement is	true and comp	lete to the best	of my knowle	edge and belief, and the
bus operates on the route as ap Signature - Chair, Board of Trustees	proved b							
Orginature - Oriali, Dodlu Ol Trustees	•						Date	
			mmittee Approval as r					
This Application for Registration				has been r	eviewed and I	certify that this	bus operates	within the transportation
area assigned to it by the Coun Signature - Chair, County Transport			oninillee.				Date	
5 , <u></u>								



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance w	ith Title 20. C	Chapter 10. Part 1. MCA	. School dis	strict official mus	st complete one	form for ea	ach bus route that
receives state reimbursement even th							Rate Per Mile
Due Dates:			ounty Supt		OPI		
All Routes		Octo	ber 1	Od	ctober 15	\$	\$1.57
County Name		County Number	District Name				Legal Entity Number
Silver Bow		47	Butte	Public School	ols		0840 1212
Route # Leng	gth of Route	(miles per day)	Type of	Service B		_	Rated Capacity
4se 3pm 42.	1		Bus R	oute Mileage	on Bus Mileage		77
Vehicle I.D. #	License #		□ District	Owned	Dis	trict Own	ed
1187	671			ct - If so, Name cted rate per mi			
Reimbursement Distribution- Enter the	e legal entity				ment to be paid	to each dist	trict. Note: Percentages
Legal Entity	Legal Entity		atch budget Legal E			Legal Entity	/
0840							
0/ 400.00	0/		0/			0/	
% 100.00 PASSENGER INFORMATION	%		%			%	
	unila	ELEMENTARY RIDE	RS	_	SCHOOL RIDE	RS	TOTAL ELIGIBLE RIDERS
Number of Preschool/Kindergarten puriding this route	upiis	(Grades PK-8)		(1	Grades 9-12)		ELIGIBLE RIDERS
		a			b		C
Decides (include alicible Decides all (includes		NUMBER			NUMBER		a + b
Regular (include eligible Preschool/Kindergriders)	garten						
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related Service	се						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., under miles OR nonresident and no attendance	3						
agreement) (Include ineligible Preschool/Kindergarten r	riders)						
Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
We hereby certify that this bus will opera	ate entirely on	the route established by the	Board of Tru	stees and within t	he transportation	area assigne	d and approved by the
County Transportation Committee. We furt We agree to supervision of this bus and	ther certify that	this bus transports pupils e	eligible for sch	ool transportation	as defined by 20	-10-101, MCA	A .
required; to provide a vehicle which meets Superintendent; and to provide a licensed,	the minimum s	tandards as established by	the Board of	Public Education,	the Montana Hig		
We also agree to refrain from soliciting of We understand that violations of the law	or causing othe	ers to solicit students from o	ther transport	ation areas.		ng of state an	nd county reimbursement for
this bus route. We agree that if this route crosses distri							
the school boards of both districts shall be We understand route changes occurring	attached to the	county superintendent's co	ppy of this doo	cument.		,	, , ,
accordance with 20-10-132, MCA. I certify that this application for registr							
bus operates on the route as approve Signature - Chair, Board of Trustees	ed by and with	nin the transportation se	rvice area a	ssigned by the		ortation Con	nmittee.
		mmittee Approval as i					
This Application for Registration of Sc area assigned to it by the County Tran			has been re	viewed and I ce	ertify that this bu	us operates	within the transportation



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This famous is no socion	- d :	(A)- T(A)-	. 00 . 0	Ob 40 D 4 MOA	0-1	-1 -11-	4-1-4 - 6 6-1-1	4		
				Chapter 10, Part 1, MCA ortees of another legal e					one form for e	ach bus route that
				· ·	•	•				Rate Per Mile
	Due Dates: All Routes				ounty Sober 1	Supt		OPI tober 15		\$1.57
										*
County Name				County Number	Dis	strict I	Name			Legal Entity Number
Silver Bow				47	Bu	utte l	Public Schoo	ls		0840 1212
Route #	L	ength of R	Route	Тур	pe of	Service 🗆 Bu		-	Rated Capacity	
4se am1	4	12.1			В.,	10 D	No. Outo Miloago	77		
Vehicle I.D. #	-	Licens	se#		т '		oute Mileage ^{Owned}		listrict Own	
							ct - If so, Name		istrict Own	Cu
1187		671			□ Со	ontra	cted rate per mil	e		
Reimbursement Di	stribution- Enter	r the legal	entity					nent to be pa	aid to each dis	strict. Note: Percentages
Legal Entity		Legal	Entity		atch bud	gal Er			Legal Entit	V
0840				,			,		J	,
% 100.00		%			Ç	%			%	
PASSENGER INFO	ORMATION			ELEMENTA DV DIDE	-DC		LIICH	CLIOOL DI)EDC	TOTAL
Number of Prescho	ool/Kindergarter	n pupils		ELEMENTARY RIDE (Grades PK-8)	:KS			SCHOOL RII Grades 9-12)		TOTAL ELIGIBLE RIDERS
riding this route				,			•	,		
				a				b		С
Danulas (izaluda aliai	hia Danada al/Kin			NUMBER				NUMBER		a + b
Regular (include eligil riders)	bie Preschool/Kind	dergarten								
1st Wheelchair (WC)										
2nd Wheelchair (WC))									
Additional Wheelchai	rs (WC)									
Non-WC IEP Lists Tra	ans as Related Se	ervice								
TOTAL ELIGIBLE	RIDERS									
Ineligible Public Scho										
miles OR nonresident agreement)	t and no attendand	ce								
(Include ineligible Pre Nonpublic School Rid		en riders)								
,	ioro (irrolligioro)									
TOTAL RIDERS										
				the route established by the						
We agree to super	rvision of this bus	and bus rou	ıte by t	the State Superintendent; to	make sı	such re	eports to the State	Superintende	nt and County S	Superintendent as are
Superintendent; and t	to provide a licens	ed, qualified	d and a	standards as established by approved driver to operate s	such vehi	nicle as	s required by 20-10		algnway Patrol	and the State
We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for								nd county reimbursement for		
this bus route.			·	•	•				J	•
We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.										
We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.										
I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the										
bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees Date							nmittee.			
Date										
	County Tra	nsportation	on Co	ommittee Approval as i	require	d in a	accordance wit	h Section 2	0-10-132, MC	ÇA.
	r Registration of	School Bu	us and	d State Reimbursement						within the transportation
area assigned to it Signature - Chair, Co	<u> </u>			ommuce.					Date	
-	•									



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e						
Due Dates All Routes			County Suprober 1	To OPI October 15		Rate Per Mile \$1.57
County Name		County Number	District	Name		Legal Entity Number
Silver Bow		47		Public Schools		0840 1212
Route #	Length of Route (miles per day)			Service Bus Route Mi Non Bus Mile	-	Rated Capacity
4se Kam	42.1		Bus R	oute Mileage		77
Vehicle I.D. #	License	#	□ District	Owned [ct - If so, Name of Owner	District Own	ed
1187	671		□ Contra	cted rate per mile		
Reimbursement Distribution- Er	nter the legal en		e of state/conatch budget		aid to each dis	trict. Note: Percentages
Legal Entity 0840	Legal Er		Legal E		Legal Entit	у
% 100.00	%		%		%	
PASSENGER INFORMATION		ELEMENTARY RIDI	EDS	HIGH SCHOOL RI	DEDS	TOTAL
Number of Preschool/Kindergar riding this route	ten pupils	(Grades PK-8)	LINO	(Grades 9-12		ELIGIBLE RIDERS
		a NUMBER		b NUMBER		c a + b
Regular (include eligible Preschool/hriders)	Kindergarten					
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	ance					
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)						
TOTAL RIDERS						
We hereby certify that this bus wi County Transportation Committee. 'We agree to supervision of this b required; to provide a vehicle which Superintendent; and to provide a lice We also agree to refrain from sol We understand that violations of this bus route. We agree that if this route crosse the school boards of both districts she we understand route changes of accordance with 20-10-132, MCA.	We further certify us and bus route meets the minimu ensed, qualified an iciting or causing the laws, rules or as district lines and all be attached to	that this bus transports pupils by the State Superintendent; to m standards as established by nd approved driver to operate others to solicit students from regulations governing school to d transports students from outs to the county superintendent's c	eligible for schoon make such ry the Board of such vehicle a other transportation side the districtopy of this do	tool transportation as defined by eports to the State Superintend Public Education, the Montana s required by 20-10-103, MCA tation areas. Will be sufficient cause for withh t, a copy of the agreement betwoument.	v 20-10-101, MC, ent and County S Highway Patrol a olding of state an een Boards, 20-	A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by
I certify that this application for rubus operates on the route as ap	0			•	,	9
Signature - Chair, Board of Trustees				()	Date	
County 1 This Application for Registration area assigned to it by the County	of School Bus	and State Reimbursement		accordance with Section 2 eviewed and I certify that this		
Signature - Chair, County Transporta					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e						mplete one form fo	
Due Dates All Routes			To Co	unty Supt er 1	To OP		Rate Per Mile \$1.57
County Name		County Number	r	District Name			Legal Entity Number
Silver Bow		47		Butte Public Schools			0840 1212
Route #	Length of R	Route (miles per day)		Type of		Route Mileage	Rated Capacity
4se tlc	42.1			Bus R	□ Non E oute Mileage	Bus Mileage	77
Vehicle I.D. #	/ehicle I.D. # License #				Owned	District O	wned
1187	671				ct - If so, Name of C cted rate per mile _)wner	
Reimbursement Distribution- Er	nter the legal			of state/co		to be paid to each	district. Note: Percentages
Legal Entity	Legal	Entity	nast mat	Legal E		Legal E	intity
0840							
% 100.00	%			%		%	
PASSENGER INFORMATION		EL EMENTA D	V DIDEE	0	HIGH COL	IOOL DIDEDO	TOTAL
Number of Preschool/Kindergar riding this route	ten pupils	ELEMENTAR` (Grades F		(5		IOOL RIDERS des 9-12)	TOTAL ELIGIBLE RIDERS
		a NUMB	FR		NILI	b MBER	c a + b
Regular (include eligible Preschool/k	Kindergarten	NOME			140	WIDER	a · b
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ance						
TOTAL RIDERS							
We hereby certify that this bus with County Transportation Committee. We agree to supervision of this be required; to provide a vehicle which Superintendent; and to provide a liccumber with the superintendent of the supe	We further cert us and bus rou meets the mini ensed, qualified iciting or causir the laws, rules as district lines a nall be attached accurring during during registration of	ify that this bus transports to by the State Superinten mum standards as estable and approved driver to old gothers to solicit students or regulations governing stand transports students from the county superintending the school year require the school bus and state in the school bus and	pupils eligindent; to me shed by the perate such shoot transcription outside dent's cope filling of a reimburs	gible for sch nake such r ne Board of ch vehicle a er transport nsportation e the district y of this do an amende ement is t	tool transportation as deports to the State Sup Public Education, the I s required by 20-10-10 tation areas. will be sufficient cause t, a copy of the agreem cument. d TR-1 form and approrue and complete to	lefined by 20-10-101, perintendent and Cour Montana Highway Pat 13, MCA. for withholding of statement between Boards, val of the County Trarethe best of my knower intended to the county the best of my knower intended to the county the best of my knower intended to the county the best of my knower intended to the county the best of my knower intended to the county the cou	MCA. hty Superintendent as are rol and the State te and county reimbursement for 20-10-126(2) MCA, signed by asportation Committee in owledge and belief, and the
Signature - Chair, Board of Trustees		mumi uio uansporta	WOLL SELV	ioc aica a	ongriou by the coul	Date	Committee.
This Application for Registration area assigned to it by the Count	of School Buty Transporta	tion Committee.					
Signature - Chair, County Transporta	ation Committe	e				Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda	nce with Title 20	. Chapter 10. Part 1. MCA	. School di	strict official must co	omplete one form	for each bus route that
receives state reimbursement e						Rate Per Mile
Due Dates	s:	To C	County Sup	t To OP	PI	Rate Per Mile
All Routes			ober 1	Octob	er 15	\$1.57
County Name		County Number	District	Name		Legal Entity Number
Silver Bow		47	Butte	Public Schools		0840 1212
Route #	Length of Rout	e (miles per day)	Type of	Service Bus F		Rated Capacity
D 2pm	42.8		Bus R	⊔ Non i toute Mileage	Bus Mileage	76
Vehicle I.D. #	License #		□ District	: Owned	District	Owned
0721	560			ct - If so, Name of 0 cted rate per mile _	Owner 	
Reimbursement Distribution- En	iter the legal ent				nt to be paid to ea	ach district. Note: Percentages
Legal Entity	Legal En		atch budget Legal E		Lega	al Entity
0840						
0/ 400.00	0/		0/		0/	
% 100.00 PASSENGER INFORMATION	%		%		%	
	ton nunila	ELEMENTARY RIDE	ERS		HOOL RIDERS	TOTAL ELIGIBLE RIDERS
Number of Preschool/Kindergar riding this route	teri pupiis	(Grades PK-8)		(Gra	des 9-12)	ELIGIBLE RIDERS
		a			b	С
Regular (include eligible Preschool/h	Cindergarten	NUMBER		NU	JMBER	a + b
riders)	Amdergarten					
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., miles OR nonresident and no attend						
agreement) (Include ineligible Preschool/Kinderg						
Nonpublic School Riders (ineligible)	garton nacro)					
TOTAL RIDERS						
We hereby certify that this bus wi	Il operate entirely	on the route established by th	o Roard of Tru	etage and within the t	ransportation area	assigned and approved by the
County Transportation Committee.	We further certify the	nat this bus transports pupils	eligible for sch	nool transportation as	defined by 20-10-10	01, MCA.
We agree to supervision of this b required; to provide a vehicle which	meets the minimur	n standards as established by	the Board of	Public Education, the	Montana Highway	
Superintendent; and to provide a lice We also agree to refrain from soli	iciting or causing o	thers to solicit students from o	other transpor	tation areas.		
this bus route.						state and county reimbursement for
We agree that if this route crosse the school boards of both districts sh	nall be attached to	the county superintendent's c	opy of this do	cument.		, , , , , , , , , , , , , , , , , , , ,
We understand route changes of accordance with 20-10-132, MCA.	curring during the	school year require the filing o	of an amende	d TR-1 form and appro	oval of the County T	ransportation Committee in
I certify that this application for r bus operates on the route as ap						
Signature - Chair, Board of Trustees		mann the transportation se	A VICE AIEA A	soigned by the OUL	Date	on communect.
County 1 This Application for Registration		Committee Approval as and State Reimbursement				
area assigned to it by the Count	ty Transportation		2001110			and a discoportation
Signature - Chair, County Transporta	alion Committee				Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda	nco with T	itle 20 (Chapter 10 Part 1 MCA	School di	etrict official	must complete or	oo form for o	ach hue route that
receives state reimbursement ev								
Due Dates			- T- 0	ounty Sup		To OPI		Rate Per Mile
All Routes				ber 1	L	October 15		\$1.57
County Name			County Number	District	Name			Legal Entity Number
Silver Bow			47	Butte	Public Sc	hools		0840 1212
Route #	Length o	f Route	(miles per day)	Type o		☐ Bus Route Mile	_	Rated Capacity
D 3pm	42.8			Rue F	coute Mile	□ Non Bus Milea	ge	76
Vehicle I.D. #		ense #		□ Distric			istrict Own	· •
0704	50	^				ame of Owner		-
0721	56				cted rate pe			
Reimbursement Distribution- En	iter the leg	al entity		e of state/co atch budge		rsement to be pai	id to each dis	trict. Note: Percentages
Legal Entity	Le	gal Entity		Legal E			Legal Entit	у
0840								
% 100.00		%		%			%	
PASSENGER INFORMATION			ELEMENTARY RIDE	:DS	Нι	GH SCHOOL RID	EDS	TOTAL
Number of Preschool/Kindergar	ten pupils		(Grades PK-8)	.11.0		(Grades 9-12)	LINO	ELIGIBLE RIDERS
riding this route								
			а			b		С
Regular (include eligible Preschool/k	Cindergarter	,	NUMBER			NUMBER		a + b
riders)	Mildergarter	'						
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., ı								
miles OR nonresident and no attendagreement)	ance							
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	arten riders	5)						
. , ,								
TOTAL RIDERS								
We hereby certify that this bus wi	Il operate e	ntirely on	the route established by the	Board of Tr	ustees and wit	thin the transportation	on area assigne	ed and approved by the
County Transportation Committee. \ We agree to supervision of this bo	We further of	certify that	t this bus transports pupils e	ligible for scl	nool transporta	ation as defined by 2	20-10-101, MC	Α.
required; to provide a vehicle which i	meets the n	ninimum s	standards as established by	the Board of	Public Educa	tion, the Montana H		
Superintendent; and to provide a lice We also agree to refrain from soli						20-10-103, MCA.		
We understand that violations of this bus route.	the laws, ru	les or reg	ulations governing school tr	ansportation	will be sufficie	ent cause for withhol	ding of state ar	nd county reimbursement for
We agree that if this route crosse						e agreement betwee	en Boards, 20-	10-126(2) MCA, signed by
the school boards of both districts sh We understand route changes oc						and approval of the C	County Transpo	ortation Committee in
accordance with 20-10-132, MCA. I certify that this application for r	egietration	of coho	ool hus and state reimbu	reament is t	rue and com	anlete to the heat	of my knowle	adde and helief and the
bus operates on the route as ap								
Signature - Chair, Board of Trustees							Date	
County T This Application for Registration			mmittee Approval as i					
area assigned to it by the Count	y Transpo	rtation C		Decir it	cwca and	. sormy that tills	oud operates	
Signature - Chair, County Transporta	ation Comm	ittee					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

Pale Dates: Date Dates: To County Number County Number District Name Legal Entity Number District Name Legal Entity Number District Name Di	This form is required in accorda	nce with Title 20	. Chapter 10. Part 1. MCA	A. School di	strict official mus	t complete or	e form for ea	ach bus route that		
Due Dates: All Routes County Name County Number County Number District Name Legal Entity Number Butte Public Schools O840 1212 Dam1 42.8 Butte Public Schools District Name Legal Entity Number District Name Legal Entity Number To per Service District Name District Name District Name Number of Owner Contract - If so, Name of Owner Contract -										
County Name Silver Bow 47 Butte Public Schools 0840 1212 Dam1 42.8 Bus Route Mileage 100 1840 122 Sus Route Mileage 100 1840 122 Sus Route Mileage 100 1840 124 Sus Route Mileage 100 1840 104 Sus Route Mileage 100 18										
Silver Bow 47 Butte Public Schools 0840 1212 Route # Length of Route (miles per day) Type of Service Bus Route Mileage Note Mileage Note of Service Route Mileage Note Mileage Note Mileage Note Note Note Note Note Note Note Not	All Routes		Octo	ober 1	Oct	tober 15		\$1.57		
Route # Length of Route (miles per day) Dam1 42.8 Bus Route Mileage Di Non Bus Mileage Bus Route Mileage To Contract - If so, Name of Conner Contract - If so,	County Name		County Number	District Name				Legal Entity Number		
Dam1	Silver Bow		47	Butte	Butte Public Schools					
Dam1 42.8 Bus Route Mileage 76	Route #	Length of Rout	e (miles per day)	Type of				Rated Capacity		
Reimbursement Distribution- Enter the legal entity number and percentage of stateCounty reimbursement to be paid to each district. Note: Percentages unust match budged! Legal Entity 0840 1 Legal Entity 2 Legal Entity 3 100.00 3 9 % 5 60 7 SASSENGER INFORMATION 1 Legal Entity 2 Legal Entity 3 100.00 3 1 Minimum of Preschool/Kindergarten pupils 3 100.00 4 1 Legal Entity 1 Legal Entity 2 Legal Entity 3 1 Legal Entity 4 1 Legal Entity 4 1 Legal Entity 5 1 Legal Entity 5 2 Legal Entity 5 3 100.00 5 2 Legal Entity 5 3 100.00 6 9 % 7 TOTAL 1 Legal Entity 2 Legal Entity 4 Legal Entity 5 2 Legal Entity 1 Legal Entity 1 Legal Entity 2 Legal Entity 3 1 Legal Entity 4 Legal Entity 5 2 Legal Entity 5 2 Legal Entity 5 2 Legal Entity 5 3 100.00 7 2 Legal Entity 1 Legal Entity	D am1	am1 42.8								
Reinbursement Distribution-Einter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note. Percentages must match budget! Legal Entity L	Vehicle I.D. #	License #					strict Own	ed		
Legal Entity 0840 Legal Entity 0840 Sy 100.00 Sy 6 Sy 9 Sy 9 Services INFORMATION Number of Preschool/Kindergarten pupils (Grades PK-8) Regular (include eligible Preschool/Kindergarten pupils (Grades PK-8) Regular (include eligible Preschool/Kindergarten pupils (Grades PK-8) Regular (include eligible Preschool/Kindergarten PK-8) Regular (include eligible Preschool/Kindergarten Inders) Regular (include eligible Regular Indersity Indersity Indersity Indersity Independent Indexity Indexis I	0721	560			,,					
Legal Entity My 100.00 My 9% 9% 9% 9% 9% 9% 9% 9% 9% 9% 9% 9% 9%	Reimbursement Distribution- En	iter the legal enti				nent to be pai	d to each dis	trict. Note: Percentages		
PASSENGER INFORMATION Number of Preschool/Kindergarten pupils Iding this route a high school/Kindergarten pupils Iding this route Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS Inleighte Philis School Riders (i.e., under 3 singles of nonesident and no attendance agreement) Inleighte Philis School Riders (i.e., under 3 singles of nonesident and no attendance agreement) Inscription of this route pupils in this pupils in this pupils in the pupils of this pupils in this pupils	Legal Entity	Legal En					Legal Entit	у		
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Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

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				Chapter 10, Part 1, MCA ortees of another legal e					one form for e	ach bus route that
		ŭ		ŭ	,	,				Rate Per Mile
	Due Dates: All Routes				ount ober 1	ty Supt 1		To OPI October 15		\$1.57
						-				
County Name				County Number	[District	Name			Legal Entity Number
Silver Bow				47	-	Butte	Public Sc	hools		0840 1212
Route #		Length of F	Route (miles per day)			Type of		□ Bus Route Mi	-	Rated Capacity
D am2		42.8				Due D	outo Milo	76		
Vehicle I.D. #		Licens	se#				oute Mile Owned		District Owr	
					_			me of Owner	JISHICK OWI	icu
0721		560				Contra	cted rate pe	r mile		
Reimbursement Di	stribution- Ent	er the legal	entity					rsement to be p	aid to each dis	strict. Note: Percentages
Legal Entity		Legal	Entity	must m		budget Legal E			Legal Enti	tv
0840			•	,		- 3-	,			
% 100.00	l	%				%			%	
PASSENGER INF	ORMATION			EL EMENTA DV DIDE	-00				DEDO	TOTAL
Number of Prescho	ool/Kindergarte	en pupils		ELEMENTARY RIDE (Grades PK-8)	ERS		HIG	GH SCHOOL RI Grades 9-12)		TOTAL ELIGIBLE RIDERS
riding this route				(,				(,	
				a				b		С
				NUMBER				NUMBER		a + b
Regular (include eligi riders)	ble Preschool/Ki	ndergarten								
1st Wheelchair (WC)										
2nd Wheelchair (WC))									
Additional Wheelchai	rs (WC)									
Non-WC IEP Lists Tra	ans as Related S	Service								
TOTAL ELIGIBLE	RIDERS									
Ineligible Public Scho										
miles OR nonresiden agreement)	t and no attenda	nce								
(Include ineligible Pre Nonpublic School Ric		arten riders)								
	ioro (irrolligibio)									
TOTAL RIDERS										
				the route established by the						
We agree to super	rvision of this bu	s and bus rou	ıte by t	this bus transports pupils on the State Superintendent; to	o make	e such r	eports to the	State Superintend	ent and County	Superintendent as are
				standards as established by approved driver to operate s					Highway Patrol	and the State
We also agree to	refrain from solic	iting or causi	ng othe	ers to solicit students from o	other t	transport	ation areas.		olding of state a	nd county reimbursement for
this bus route.			·	•					J	•
				insports students from outs county superintendent's co				e agreement betw	een Boards, 20-	10-126(2) MCA, signed by
We understand ro	ute changes occ			hool year require the filing of				nd approval of the	County Transp	ortation Committee in
accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the								edge and belief, and the		
bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.										
Signature - Chair, Board of Trustees Date										
				ommittee Approval as						
This Application fo area assigned to it					has l	been re	viewed and	I certify that this	s bus operates	within the transportation
Signature - Chair, Co									Date	
									I	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in assert	ongo with Ti	Ho 20 (Chanter 10 Dart 1 MCA	Cobool di	atriat official must con	anlata ana farm far	s agab bug route that
This form is required in accord receives state reimbursement						ipiete one form for	
Due Date	es:		То С	ounty Sup	t To OPI		Rate Per Mile
All Route	s			ber 1	October	15	\$1.57
County Name			County Number	District	Name		Legal Entity Number
Silver Bow			47	Butte	Public Schools		0840 1212
Route # Length of Route (miles per day)			(miles per day)		Service Bus Ro	oute Mileage	Rated Capacity
D Kam	42.8			Bus F	□ Non Bu Loute Mileage	is Mileage	76
Vehicle I.D. #	Lice	ense #		□ Distric	: Owned	District Ov	vned
0721			ct - If so, Name of Ov cted rate per mile	vner			
Reimbursement Distribution- E	nter the leg	al entity		e of state/co	unty reimbursement t	o be paid to each	district. Note: Percentages
Legal Entity	Leg	al Entit		atch budge Legal E		Legal Er	ntity
0840		•	•		•		
% 100.00		%		%		%	
PASSENGER INFORMATION		70		70		70	
Number of Preschool/Kinderga	arten nunils		ELEMENTARY RIDE (Grades PK-8)	RS		OOL RIDERS es 9-12)	TOTAL ELIGIBLE RIDERS
riding this route			(0.00001110)		(0.440	,	
			а			b	C
Regular (include eligible Preschool	/Kindergarten	1	NUMBER		NUN	1BER	a + b
riders) 1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Relate	d Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e. miles OR nonresident and no atter							
agreement) (Include ineligible Preschool/Kinde		,					
Nonpublic School Riders (ineligible							
TOTAL RIDERS							
We hereby certify that this bus v							
County Transportation Committee. We agree to supervision of this	bus and bus r	oute by t	the State Superintendent; to	make such i	eports to the State Supe	rintendent and Coun	ty Superintendent as are
required; to provide a vehicle which Superintendent; and to provide a li	censed, qualif	ied and a	approved driver to operate s	such vehicle a	s required by 20-10-103		ol and the State
We also agree to refrain from so We understand that violations o						or withholding of state	e and county reimbursement for
this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.							
the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.							
I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the							
bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees Date							committee.
County This Application for Registration			ommittee Approval as in distance of the distan				
area assigned to it by the Coursignature - Chair, County Transpor	nty Transpoi	rtation C				Date	F
Giginature - Chair, County Transpo	tation commi	illo c				Date	



County Name

Silver Bow

Route #

D tlc

Office of Public Instruction Linda McCulloch, Superintendent PO Box 202501 Helena, MT 59620-2501

Due Dates:

42.8

All Routes

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

TR-1 (05/2003) Combined School District Application 1 copy State Supt. for Registration of School Bus & 1 copy County Supt. State Reimbursement 1 copy School District School Year 2003 - 2004 Rate Per Mile **To County Supt** October 1 October 15 \$1.57 County Number District Name Legal Entity Number **Butte Public Schools** 0840 1212 Type of Service ☐ Bus Route Mileage Length of Route (miles per day) Rated Capacity □ Non Bus Mileage 76 Bus Route Mileage **District Owned** □ District Owned □ Contract - If so, Name of Owner □ Contracted rate per mile must match budget! Legal Entity Legal Entity % %

Vehicle I.D. # License # 0721 560 Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages Legal Entity Legal Entity 0840 % % 100.00 PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** riding this route С **NUMBER** NUMBER a + h Regular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the

County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in

accordance with 20-10-132, MCA

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee Signature - Chair, Board of Trustees Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee	Date



Office of Public Instruction Linda McCulloch, Superintendent PO Box 202501

Combined School District Application for Registration of School Bus & State Reimbursement

1 copy State Supt. 1 copy County Supt. 1 copy School District

Helena, MT 59620-2501 School Year 2003 - 2004 This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** All Routes October 1 October 15 \$0.95 County Name County Number District Name Legal Entity Number Silver Bow **Butte Public Schools** 0840 1212 Type of Service ☐ Bus Route Mileage Route # Length of Route (miles per day) Rated Capacity □ Non Bus Mileage SE2 MID 39 41.6 Bus Route Mileage Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 9315 691 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0840 % % % % 100.00 PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** riding this route С **NUMBER** NUMBER a + h Regular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in

accordance with 20-10-132, MCA

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee Signature - Chair, Board of Trustees Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee	Date



Office of Public Instruction Linda McCulloch, Superintendent PO Box 202501

Combined School District Application for Registration of School Bus & State Reimbursement

1 copy State Supt. 1 copy County Supt. 1 copy School District

Helena, MT 59620-2501 School Year 2003 - 2004 This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$0.95 County Name County Number District Name Legal Entity Number Silver Bow **Butte Public Schools** 0840 1212 Length of Route (miles per day) Type of Service ☐ Bus Route Mileage Route # Rated Capacity □ Non Bus Mileage SE2 AM 41.6 **Bus Route Mileage** Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 9315 691 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 1212 0840 % % % 79.00 % 21.00 PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** riding this route С NUMBER NUMBER a + h Regular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee Signature - Chair, Board of Trustees Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date

For additional information contact Maxine Mougeot at 444-3096 or email mmougeot@state.ml	t.us



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda								ne form for e	ach bus route that
receives state reimbursement e	ven tno	ugn trans	sportees of another legal	entit	y may ut	ııı∠e t⊓ê sel	vices.		Rate Per Mile
Due Date			To	Cou	nty Supt	t	To OPI		
All Routes	3		Oct	tober	1		October 15		\$0.95
County Name			County Number		District	Name			Legal Entity Number
Silver Bow			47		Butte	Public So	chools		0840 1212
Route #	Lengt	th of Rou	te (miles per day)		Type of		□ Bus Route Mile	~	Rated Capacity
SE2 PM	41.6	;			Bus R	oute Mile	□ Non Bus Milea eage	ige	39
Vehicle I.D. #	1	License #	ŧ		District			istrict Owr	ed
9315	(691				ct - If so, Na cted rate pe	ame of Owner er mile		
Reimbursement Distribution- Er	nter the	legal ent					ursement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity		Legal En		natch	n budget Legal E			Legal Enti	
1212		Legai Li	0840		Legai L	THILLY		Legai Liiti	.y
% 79.00		% :	21.00		%			%	
PASSENGER INFORMATION			ELEMENTARY RID	VED C		1 111	GH SCHOOL RII	DEDC.	TOTAL
Number of Preschool/Kindergar	rten pup	oils	(Grades PK-8))	"	(Grades 9-12)		ELIGIBLE RIDERS
riding this route									
			а				b		С
Regular (include eligible Preschool/l	Kinderga	arten	NUMBER				NUMBER a + b		
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
, ,	l Camilaa								
Non-WC IEP Lists Trans as Related	Service	!							
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend									
agreement) (Include ineligible Preschool/Kinderd	narten ric	ders)							
Nonpublic School Riders (ineligible)		2010)							
TOTAL RIDERS									
We hereby certify that this bus will County Transportation Committee. We agree to supervision of this b	We furth ous and b	er certify tous route b	hat this bus transports pupils by the State Superintendent;	eligit to ma	ole for sch ike such r	nool transport eports to the	tation as defined by State Superintende	20-10-101, MC nt and County	A. Superintendent as are
required; to provide a vehicle which Superintendent; and to provide a lice We also agree to refrain from sol We understand that violations of	ensed, q	ualified an	d approved driver to operate thers to solicit students from	such other	vehicle a	s required by tation areas.	/ 20-10-103, MCA.	,	
this bus route. We agree that if this route crosse									
the school boards of both districts shall we understand route changes of accordance with 20-10-132, MCA.	hall be at	ttached to	the county superintendent's	сору	of this do	cument.	J		.,,
I certify that this application for registration of school bus and state reimburs									
bus operates on the route as approved by and within the transportation sel Signature - Chair, Board of Trustees			OI VIU	o arca d	ooigned by	and County Halls	Date	millioc.	
County This Application for Registration area assigned to it by the County	n of Sch	ool Bus a							
Signature - Chair, County Transport								Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordant	nce with Title 20	, Chapter 10, Part 1, MCA	A. School di	strict official must co	mplete one form for	or each bus route that
receives state reimbursement ev						Rate Per Mile
Due Dates			County Sup			
All Routes		Octo	ober 1	Octobe	er 15	\$1.57
County Name		County Number	District	Name		Legal Entity Number
Silver Bow		47	Butte	Public Schools		0840 1212
Route #	Length of Rout	e (miles per day)	Type of	Service Bus R	oute Mileage us Mileage	Rated Capacity
B 2PM	38.3		Bus R	oute Mileage	us Mileage	76
Vehicle I.D. #	License #		□ District		District O	wned
0716	559			ct - If so, Name of O cted rate per mile	wner 	
Reimbursement Distribution- En	iter the legal ent				to be paid to each	district. Note: Percentages
Legal Entity	Legal En		natch budget Legal E		Legal E	Entity
0840						
% 100.00	%		%		%	
PASSENGER INFORMATION	70		70		70	
Number of Preschool/Kindergar	ten nunils	ELEMENTARY RIDE (Grades PK-8)	ERS		OOL RIDERS es 9-12)	TOTAL ELIGIBLE RIDERS
riding this route	Т	(Grades Fit o)		(Crud	CO 0 12)	LEIGIBLE RIBERO
		а			b	С
Regular (include eligible Preschool/k	Cindergarten	NUMBER		NU	MBER	a + b
riders) 1st Wheelchair (WC)	-					
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS	00.1100					
Ineligible Public School Riders (i.e., miles OR nonresident and no attended						
agreement) (Include ineligible Preschool/Kinderg	arten riders)					
Nonpublic School Riders (ineligible)						
TOTAL RIDERS						
We hereby certify that this bus wi						
County Transportation Committee. \ We agree to supervision of this bo	us and bus route b	y the State Superintendent; to	o make such r	eports to the State Sup	erintendent and Cou	nty Superintendent as are
required; to provide a vehicle which is Superintendent; and to provide a lice	ensed, qualified an	d approved driver to operate	such vehicle a	s required by 20-10-10		trol and the State
We also agree to refrain from soli We understand that violations of the solution of the solut					for withholding of sta	te and county reimbursement for
this bus route. We agree that if this route crosses	s district lines and	transports students from outs	side the distric	t, a copy of the agreem	ent between Boards,	20-10-126(2) MCA, signed by
the school boards of both districts sh We understand route changes oc					/al of the County Tra	nsportation Committee in
accordance with 20-10-132, MCA. I certify that this application for r	egistration of sc	hool bus and state reimbu	ırsement is t	rue and complete to	the best of my kno	owledge and belief, and the
bus operates on the route as ap Signature - Chair, Board of Trustees	proved by and v					
organization of the state of the states					Date	
		Committee Approval as				
This Application for Registration area assigned to it by the Count			has been re	eviewed and I certify	that this bus opera	ates within the transportation
Signature - Chair, County Transporta	ation Committee				Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e					one form for ea	ach bus route that			
Due Dates All Routes			County Supretober 1	t To OPI October 15		Rate Per Mile \$1.57			
County Name		County Number	District	Name		Legal Entity Number			
Silver Bow		47	Butte	Public Schools		0840 1212			
Route #	Length of Ro	oute (miles per day)	Type of	Service Bus Route Mi	•	Rated Capacity			
B 3PM 1	38.3		Bus R	□ Non Bus Mile Soute Mileage	age	76			
Vehicle I.D. #	License	e #	□ District	: Owned [District Own	ed			
0716	559			ct - If so, Name of Owner cted rate per mile					
Reimbursement Distribution- En	iter the legal e		ge of state/co match budget		aid to each dis	trict. Note: Percentages			
Legal Entity	Legal E		Legal E		Legal Entit	у			
0840									
% 100.00	%		%		%				
PASSENGER INFORMATION		EL EMENTA DV DIE	2500		DEDO	TOTAL			
Number of Preschool/Kindergar riding this route	ten pupils	ELEMENTARY RII (Grades PK-8		HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS			
		a NUMBER		b NUMBER		c a+b			
Regular (include eligible Preschool/h	Kindergarten	NOWBER		NOMBER		a · b			
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ance								
TOTAL RIDERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.									
Signature - Chair, Board of Trustees					Date				
This Application for Registration area assigned to it by the Count	of School Bus y Transportati	s and State Reimbursemer on Committee.		accordance with Section 2 eviewed and I certify that this					
Signature - Chair, County Transporta	ation Committee				Date				



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is requir	ed in accordar	nce with Tit	le 20, (Chapter 10, Part 1, MCA	A. School	district officia	al must complete	one form for e	ach bus route that
				ortees of another legal of					Rate Per Mile
	Due Dates All Routes	5 :			County Su ober 1	pt	To OPI October 15		\$1.57
County Name				County Number	Distric	t Name			Legal Entity Number
Silver Bow				47	Butte	Public S	chools		0840 1212
Route #		Length of	Route	(miles per day)			☐ Bus Route Mi		Rated Capacity
B AM2		38.3			Bus	Route Mil	□ Non Bus Mile eage	age	76
Vehicle I.D. #		Lice	nse#		□ Distri	ct Owned	[District Own	ied
0716		559				act - If so, Nacted rate p	Name of Owner per mile		
Reimbursement D	istribution- En	ter the lega	l entity		e of state/onatch budg		oursement to be p	aid to each dis	strict. Note: Percentages
Legal Entity		Lega	al Entity		Legal			Legal Entit	ty
0840									
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PASSENGER INF	ORMATION								
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riders) 1st Wheelchair (WC))								
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Ineligible Public Scho miles OR nonresider									
agreement) (Include ineligible Pro									
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TOTAL RIDERS									
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Signature - Chair, Board of Trustees								Date	
This Application for area assigned to it	or Registration	of School I	Bus and						CA. s within the transportation
Signature - Chair, Co								Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt.1 copy County Supt.1 copy School District

Helena, MT 59620-2501 School Year 2003 - 2004 This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 Legal Entity Number County Name County Number District Name Silver Bow **Butte Public Schools** 0840 1212 Length of Route (miles per day) Type of Service ☐ Bus Route Mileage Route # Rated Capacity □ Non Bus Mileage **B MID** 76 38.3 Bus Route Mileage Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 0716 559 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0840 % % % % 100.00 PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** riding this route С **NUMBER** NUMBER a + h Regular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance with Talle 2D. Chapter 10, Part 1, NCA. School district official must complete one form for each bus route that roceives state entirely may utilize the services. Rate Per Mile Policy Process of the County Supt Clother 1 To County Supt Clother 1 To Clothe	T1: 6 : : : :		···	01 1 10 5 11 1101	0 1 1 1			1.1 (0 (
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Vehicle I.D. # License # District Owned District Ow	B 3PM 2	38.3	3		Rue E		age	76	
Contract. If so, Name of Owner		00.0		<u> </u>	1 '	<u> </u>	District Own	· •	
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					has been re	eviewed and I certify that this	s bus operates	within the transportation	
			•				Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda							ne form for ea	ach bus route that
receives state reimbursement e	ven tnot	ugn transpo	ortees of another legal e	ntity may u	tilize the serv	ices.		Rate Per Mile
Due Dates			To C	ounty Sup	t	To OPI		
All Routes	5		Octo	ber 1		October 15		\$1.57
County Name			County Number	District	Name			Legal Entity Number
Silver Bow			47	Butte	Public Sch	nools		0840 1212
Route #	Length	h of Route	(miles per day)	Type o		Bus Route Mile	•	Rated Capacity
B AM1	38.3			Bus F	□ Route Milea	⊡Non Bus Milea aαe	ge	76
Vehicle I.D. #	L	icense #		□ Distric			istrict Own	ed
0716	5	559			act - If so, Nar acted rate per			
Reimbursement Distribution- Er	nter the I	legal entity				sement to be pa	id to each dis	strict. Note: Percentages
Legal Entity		Legal Entity		atch budge Legal E			Legal Entit	N.
1212		Legal Litti	y	Legai L	inity		Legal Little	У
% 100.00		%		%			%	
PASSENGER INFORMATION		T	ELEMENTARY DIDE	-DC	1110	H SCHOOL RIE	VED C	TOTAL
Number of Preschool/Kindergar	rten pupi	ils	ELEMENTARY RIDE (Grades PK-8)	:KS	HIG	Grades 9-12)		ELIGIBLE RIDERS
riding this route								
			а		b			С
Regular (include eligible Preschool/l	Kindergar	rten	NUMBER			NUMBER		a + b
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
` ,								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend								
agreement)								
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)		ers)						
TOTAL RIDERS								
We hereby certify that this bus will County Transportation Committee. We agree to supervision of this b	We further	er certify that	t this bus transports pupils e	eligible for sc	hool transporta	tion as defined by	20-10-101, MC	A. ,
required; to provide a vehicle which Superintendent; and to provide a lice We also agree to refrain from sol	meets the ensed, qu liciting or	e minimum sualified and a causing other	standards as established by approved driver to operate s ers to solicit students from o	the Board of such vehicle a other transpor	Public Educati as required by 2 tation areas.	ion, the Montana H 20-10-103, MCA.	lighway Patrol a	and the State
We understand that violations of this bus route.	the laws,	rules or reg	ulations governing school tr	ansportation	will be sufficier	nt cause for withho	lding of state a	nd county reimbursement for
We agree that if this route crosse the school boards of both districts sh						agreement betwe	en Boards, 20-	10-126(2) MCA, signed by
We understand route changes of accordance with 20-10-132, MCA.						nd approval of the	County Transpo	ortation Committee in
I certify that this application for registration of school bus and state reimburse								
bus operates on the route as approved by and within the transportation Signature - Chair, Board of Trustees			nin the transportation se	ivice area a	assigned by th	ne County Trans	portation Cor Date	mmtee.
This Application for Registration	n of Scho	ool Bus and						
area assigned to it by the Count Signature - Chair, County Transport			Committee.			ı	Date	
orginature - Orian, County Transport	auon Coll	minuce					Dale	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e								
Due Date All Routes			County Suprober 1	t To OPI October 15		Rate Per Mile \$1.57		
County Name		County Number	District	Name		Legal Entity Number		
Silver Bow		47		Public Schools		0840 1212		
Route #	Length of Route	e (miles per day)	Type of	f Service □ Bus Route Mi □ Non Bus Mile	-	Rated Capacity		
K 2PM	38.8		Bus R	toute Mileage	J	77		
Vehicle I.D. #	License #		□ District	: Owned ct - If so, Name of Owner	District Own	ed		
8118	668			cted rate per mile				
Reimbursement Distribution- Er	nter the legal entit		e of state/co		aid to each dis	trict. Note: Percentages		
Legal Entity	Legal Ent		Legal E		Legal Entit	у		
0840								
% 100.00	%		%		%			
PASSENGER INFORMATION								
Number of Preschool/Kindergar riding this route	ten pupils	ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS		
		a NUMBER		b NUMBER		c a + b		
Regular (include eligible Preschool/liriders)	Kindergarten	HOMBER		HOMBER		u · b		
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	lance							
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
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I certify that this application for the bus operates on the route as application for the second seco	0			•	,	· ·		
Signature - Chair, Board of Trustees		ami are adrioportation se	or vice area a	congrict by the county Hai	Date			
County This Application for Registration area assigned to it by the County	of School Bus a	nd State Reimbursement		accordance with Section eviewed and I certify that this				
Signature - Chair, County Transport					Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e						plete one form for	each bus route that		
Due Dates All Routes			To Co Octob	ounty Supt er 1	To OPI October	15	Rate Per Mile \$1.57		
County Name		County Num	ber	District	Name		Legal Entity Number		
Silver Bow		47		Butte	Public Schools		0840 1212		
Route #	Length of F	Route (miles per day))	Type of		ute Mileage	Rated Capacity		
K AM2	38.8			Bus R	□ Non Bu Loute Mileage	is Mileage	77		
Vehicle I.D. #	Licens	se#		□ District		District Ow	rned		
8118	668				ct - If so, Name of Ow cted rate per mile	vner 			
Reimbursement Distribution- Er	nter the legal	entity number and p		of state/co tch budget		o be paid to each o	listrict. Note: Percentages		
Legal Entity	Legal	l Entity	mastma	Legal E		Legal En	tity		
0840									
% 100.00	%			%		%			
PASSENGER INFORMATION		EL EMENTA	ADV DIDE	200	LIICH COUG	OL DIDEDO	TOTAL		
Number of Preschool/Kindergar riding this route	ten pupils	ELEMENTA (Grade	es PK-8)	1 5		OOL RIDERS es 9-12)	TOTAL ELIGIBLE RIDERS		
			a MBER			b IBER	c a+b		
Regular (include eligible Preschool/k	Kindergarten	1401	VIDEIX		1401	IDLIX	a · b		
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ance								
TOTAL RIDERS									
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Signature - Chair, Board of Trustees		-1		-		Date			
County	Francoortati	on Committee App	roval ac ro	aujrad in	accordance with Se	ction 20-10 132 M	ICA		
This Application for Registration area assigned to it by the Count	of School Bity Transporta	us and State Reimbu ation Committee.				hat this bus operate			
Signature - Chair, County Transport	ation Committe	ee				Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordareceives state reimbursement e							one form for e	ach bus route that
	ŭ	transpo	· ·					Rate Per Mile
Due Date All Routes			To Co Octob	ounty Supt per 1	t	To OPI October 15		\$1.57
County Name			County Number	District	Name			Legal Entity Number
Silver Bow			47	Butte	Public S	schools		0840 1212
Route #	Length of	Route	(miles per day)		Service	□ Bus Route Mil		Rated Capacity
KMID	38.8			Bus R	oute Mil	☐ Non Bus Milea	age	77
Vehicle I.D. #		nse#		□ District			District Owr	ned
8118	668				ct - If so, N cted rate p	Name of Owner per mile		
Reimbursement Distribution- El	nter the lega	l entity				oursement to be pa	aid to each di	strict. Note: Percentages
Legal Entity	Lega	al Entity		tch budget Legal E			Legal Enti	ty
0840								
% 100.00 PASSENGER INFORMATION	9	6		%			%	
			ELEMENTARY RIDE	RS	F	HIGH SCHOOL RI	DERS	TOTAL
Number of Preschool/Kindergal riding this route	rten pupils		(Grades PK-8)			(Grades 9-12)	ELIGIBLE RIDERS
			a NUMBER			b NUMBER		c a+b
Regular (include eligible Preschool/riders)	Kindergarten							
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	d Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attended)								
agreement) (Include ineligible Preschool/Kinder								
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
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I certify that this application for bus operates on the route as a	•					•	•	
Signature - Chair, Board of Trustees			,		<u> </u>	., .,	Date	
County This Application for Registration			ommittee Approval as re					
area assigned to it by the Coun	ity Transport	ation C		ido Decir le	vicvvcu ai	ia i corniy mat mis		within the transportation
Signature - Chair, County Transport	tation Commit	tee					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in ac receives state reimbursem							ne form for ea	
Due	Dates:		To	County Sup	: To	OPI		Rate Per Mile
	outes			ober 1		ctober 15		\$1.57
County Name			County Number	District	Name			Legal Entity Number
Silver Bow			47	Butte	Public School	ols		0840 1212
Route #	Length	of Route	(miles per day)		Service B	Bus Route Mile		Rated Capacity
K 3PM	38.8			Bus R	oute Mileage.	lon Bus Mileaឲุ e	ge	77
Vehicle I.D. #	Lie	cense #		□ District	Owned	Di	istrict Own	ed
8118	66	68			ct - If so, Name cted rate per m			
Reimbursement Distribution	on- Enter the le	gal entity		ge of state/co		ment to be pai	id to each dis	strict. Note: Percentages
Legal Entity	Le	egal Entity	у	Legal E			Legal Entit	ty
1212 0840			840					
% 26.00 % 74.00			.00	%			%	
PASSENGER INFORMAT	TION			_				
Number of Preschool/Kind riding this route	dergarten pupils	5	ELEMENTARY RID (Grades PK-8)		_	SCHOOL RID Grades 9-12)	ERS	TOTAL ELIGIBLE RIDERS
			a			b		C .
Regular (include eligible Prese	chool/Kindergarte	en	NUMBER			NUMBER		a + b
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as R	telated Service							
TOTAL ELIGIBLE RIDER	S							
Ineligible Public School Riders miles OR nonresident and no								
agreement)								
(Include ineligible Preschool/k Nonpublic School Riders (inel	igible)	rs)						
TOTAL RIDERS								
We hereby certify that this	hus will operate	entirely on	the route established by th	ne Board of Tri	istees and within	the transportation	n area assign	ed and approved by the
County Transportation Comm We agree to supervision of	ittee. We further	certify that	t this bus transports pupils	eligible for sch	ool transportation	n as defined by 2	20-10-101, MC	Α.
required; to provide a vehicle	which meets the	minimum s	standards as established b	y the Board of	Public Education,	, the Montana Hi		
Superintendent; and to provide We also agree to refrain from the superior of t	om soliciting or ca	ausing othe	ers to solicit students from	other transpor	ation areas.			
this bus route.	,	J	0 0	·			Ü	nd county reimbursement for
We agree that if this route the school boards of both distri	ricts shall be atta	ched to the	e county superintendent's o	copy of this do	cument.			()
We understand route chan accordance with 20-10-132, M		ring the sc	hool year require the filing	of an amende	d TR-1 form and a	approval of the C	County Transpo	ortation Committee in
I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.								
Signature - Chair, Board of Trustees Date								
This Application for Regist area assigned to it by the	tration of School	ol Bus and						
Signature - Chair, County Train			-				Date	_



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e							ne form for ea	
Due Dates All Routes				ounty Sup		OPI ctober 15		Rate Per Mile \$1.57
County Name			County Number	District	Name			Legal Entity Number
Silver Bow	47				Public School			0840 1212
Route #	Length of R	Route	(miles per day)	Type of Service ☐ Bus Route Mi☐ Non Bus Mile			-	Rated Capacity
K AM1	38.8			Bus R	toute Mileage	9		77
Vehicle I.D. #	Licens	se#		□ District	Owned ct - If so, Name		istrict Own	ed
8118	668				cted rate per m			
Reimbursement Distribution- En	nter the legal	entity		e of state/co		ment to be pai	id to each dis	strict. Note: Percentages
Legal Entity	Legal	Entity	1	Legal E			Legal Entit	у
1212		Ü	340					
% 27.00	%	73.	00	%			%	
PASSENGER INFORMATION	_		ELEMENTA DV DIDE		111011	2011001 DID	EDO	TOTAL
Number of Preschool/Kindergar riding this route	ten pupils		ELEMENTARY RIDE (Grades PK-8)	:KS		SCHOOL RID Grades 9-12)	JEKS	TOTAL ELIGIBLE RIDERS
			a NUMBER			b NUMBER		c a + b
Regular (include eligible Preschool/kriders)	Kindergarten		HOMBER			NOWIBER		u · b
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	ance							
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
We hereby certify that this bus wi County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which Superintendent; and to provide a lice We also agree to refrain from soli We understand that violations of this bus route. We agree that if this route crosse the school boards of both districts sh We understand route changes of accordance with 20-10-132, MCA.	We further cert us and bus rou meets the mini ensed, qualified iciting or causing the laws, rules as district lines and hall be attached	ify that ite by the mum so and and and or regular and trains to the	this bus transports pupils eine State Superintendent; to tandards as established by upproved driver to operate sers to solicit students from culations governing school transports students from outsit county superintendent's county superintendent	eligible for school make such rothe Board of such vehicle a wither transportation did the districtory of this do	nool transportation eports to the State Public Education, is required by 20- tation areas. will be sufficient c t, a copy of the agoument.	as defined by 2 e Superintender the Montana H 10-103, MCA. ause for withhol treement between	20-10-101, MC nt and County S ighway Patrol a Iding of state a en Boards, 20-	A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by
I certify that this application for r bus operates on the route as ap	0						,	9
Signature - Chair, Board of Trustees	mi uie uarisportation se	i vice alta a	ssigned by tile	County Halls	Date	minuce.		
County 1 This Application for Registration area assigned to it by the Count	of School B	us and						
Signature - Chair, County Transporta							Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda	nce with Title 20,	Chapter 10, Part 1, MCA	A. School di	strict official must	t complete one	e form for ea	ach bus route that
receives state reimbursement e							Rate Per Mile
Due Dates			County Sup				
All Routes	i	October 1 October			tober 15	;	\$1.57
County Name		County Number	District	Name		Legal Entity Number	
Silver Bow		47	Butte	Butte Public Schools			0840 1212
Route #	Length of Route	e (miles per day)	Type of	Service Bu	is Route Milea on Bus Mileage		Rated Capacity
Q 2PM	35.5		Bus R	oute Mileage			77
Vehicle I.D. #	License #		□ District	: Owned ct - If so. Name o		strict Own	ed
1192	669			cted rate per mile			
Reimbursement Distribution- Er	nter the legal entit				ent to be paid	to each dis	trict. Note: Percentages
Legal Entity	Legal Ent		atch budget Legal E			Legal Entit	y
0840							
% 100.00	%		%			%	
PASSENGER INFORMATION	/0		70			70	
Number of Preschool/Kindergar	ten nunils	ELEMENTARY RIDE (Grades PK-8)	ERS		CHOOL RIDE Grades 9-12)	RS	TOTAL ELIGIBLE RIDERS
riding this route	Terr papils	(Grades i it-o)			JI auc3 5-12)		LEIGIBLE RIBERO
		а			b		С
Regular (include eligible Preschool/h	Kindergarten	NUMBER			NUMBER		a + b
riders) 1st Wheelchair (WC)	-						
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e.,	under 3						
miles OR nonresident and no attend agreement)							
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	garten riders)						
,							
TOTAL RIDERS							
We hereby certify that this bus will County Transportation Committee.							
We agree to supervision of this b	us and bus route by	the State Superintendent; to	o make such r	eports to the State	Superintendent	and County S	Superintendent as are
required; to provide a vehicle which Superintendent; and to provide a lice We also agree to refrain from sol	ensed, qualified and	l approved driver to operate s	such vehicle a	s required by 20-10		iliway Falloi a	ind the State
We understand that violations of					use for withhold	ing of state ar	nd county reimbursement for
this bus route. We agree that if this route crosse					eement betweer	Boards, 20-	10-126(2) MCA, signed by
the school boards of both districts sh We understand route changes of					proval of the Co	ounty Transpo	rtation Committee in
accordance with 20-10-132, MCA. I certify that this application for I							
bus operates on the route as ap Signature - Chair, Board of Trustees		ithin the transportation se	ervice area a	ssigned by the C		ortation Cor	nmittee.
J ,							
		Committee Approval as					
This Application for Registration area assigned to it by the Count	ty Transportation		nas been re	viewed and i cer	ury that this b	us operates	within the transportation
Signature - Chair, County Transport	ation Committee					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev						one form for ea	ach bus route that
Due Dates All Routes				County Sup	t To OPI October 15		Rate Per Mile \$1.57
County Name			County Number	District	Name		Legal Entity Number
Silver Bow			47	Butte	Public Schools		0840 1212
Route #	Length of Route (miles per day)			Type o	f Service ☐ Bus Route Mi	-	Rated Capacity
Q 3PM	35.5			Bus F	□ Non Bus Milea Route Mileage	age	77
Vehicle I.D. #	Lic	cense #		□ District		District Own	ed
1192	66	69			ct - If so, Name of Owner cted rate per mile		
Reimbursement Distribution- En	iter the le	gal entity		e of state/co		aid to each dis	trict. Note: Percentages
Legal Entity	Le	egal Entity	1	Legal E		Legal Entit	у
1212		Ud	340				
% 28.00		% 72.	00	%		%	
PASSENGER INFORMATION			ELEMENTA DV DID	-00	LUCULOGUESI DI	DEDO	TOTAL
Number of Preschool/Kindergard riding this route	ten pupils	s	ELEMENTARY RIDE (Grades PK-8)	:RS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a NUMBER		b NUMBER		c a + b
Regular (include eligible Preschool/k riders)	Kindergarte	en	HOWBER		HOMBER		u · b
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attenda agreement)	ance	>					
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	arten rider	rs)					
TOTAL RIDERS							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees							
County T This Application for Registration					accordance with Section 2		
area assigned to it by the Count	y Transpo	ortation C		וומס טככוו ול	Sviewed and rectury that this		within the transportation
Signature - Chair, County Transporta	ation Comn	mittee				Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordareceives state reimbursement e								one form for e	ach bus route that
		ough tre	insportees of anot	Ü	, ,				Rate Per Mile
Due Date All Routes							To OPI October 15		\$1.57
County Name	County Number			nber	District Name				Legal Entity Number
Silver Bow		47			Butte Public Schools			0840 1212	
Route #	Leng	gth of Ro	oute (miles per day	/)	Type of	Service	☐ Bus Route Mi		Rated Capacity
Q AM	35.5	5			Bus R	oute Mil	□ Non Bus Mileaeage	age	77
Vehicle I.D. #	,	License	e #		District	Owned		District Owr	ied
1192		669				ct - If so, N cted rate p	Name of Owner per mile		
Reimbursement Distribution- Er	nter the	e legal e	ntity number and p	percentage o			oursement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity		Legal I		mastmatt	Legal E			Legal Enti	ty
1212			0840						
% 28.00		%	72.00		%			%	
PASSENGER INFORMATION			=: =: :=: :=:			1			
Number of Preschool/Kindergar riding this route	ten pu	ıpils		ARY RIDER es PK-8)	S	H	IIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
		-	NU	a MBER			b NUMBER		c a + b
Regular (include eligible Preschool/liriders)	Kinderg	arten							
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service	е							
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)		3							
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	garten r	riders)							
TOTAL RIDERS									
We hereby certify that this bus will County Transportation Committee. We agree to supervision of this be required; to provide a vehicle which Superintendent; and to provide a lice. We also agree to refrain from soling we understand that violations of this bus route. We agree that if this route crosses the school boards of both districts sling we understand route changes of accordance with 20-10-132, MCA.	We furt ous and meets tensed, iciting of the law es districated nall be a	ther certified bus routed the minim qualified or causing s, rules of the certified business at t	y that this bus transpe by the State Superi num standards as est and approved driver g others to solicit studer regulations governiond transports student to the county superinne school year requir	orts pupils elig ntendent; to m tablished by th to operate suc dents from othing school tran ts from outside ttendent's copy e the filing of a	pible for sch lake such re e Board of th vehicle a er transport sportation the district y of this door an amended	eports to the Public Educ s required b tation areas. will be suffic t, a copy of t cument. d TR-1 form	rtation as defined by a State Superintende cation, the Montana by 20-10-103, MCA. cient cause for withhouse the agreement between and approval of the	20-10-101, MC ent and County Highway Patrol olding of state a een Boards, 20- County Transp	A. Superintendent as are and the State Ind county reimbursement for 10-126(2) MCA, signed by contation Committee in
I certify that this application for the bus operates on the route as application.									
Signature - Chair, Board of Trustees	_		<u> </u>					Date	
This Application for Registration	of Sc	hool Bu							
area assigned to it by the Count Signature - Chair, County Transport								Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e						one form for ea	ach bus route that
Due Dates All Routes				County Sup ober 1	t To OPI October 15		Rate Per Mile \$1.57
County Name			County Number	District	Name		Legal Entity Number
Silver Bow			47	Butte	Public Schools		0840 1212
Route #	Length of	Route	(miles per day)	Type o	f Service ☐ Bus Route Mi ☐ Non Bus Mile	-	Rated Capacity
H AM2	35.7			Bus F	Route Mileage	aye	76
Vehicle I.D. #	Lice	nse#		□ Distric		District Own	ed
0719	556	6			ct - If so, Name of Owner cted rate per mile		
Reimbursement Distribution- Er	nter the lega	al entity		e of state/co		aid to each dis	strict. Note: Percentages
Legal Entity	Leg	al Entity		Legal E		Legal Entit	ty
0840							
% 100.00	Q	%		%		%	
PASSENGER INFORMATION						2520	T0711
Number of Preschool/Kindergar riding this route	ten pupils		ELEMENTARY RIDI (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a NUMBER		b NUMBER		c a+b
Regular (include eligible Preschool/k riders)	Kindergarten		NOWBER		NOMBER		a i b
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	lance garten riders)						
Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.							
Signature - Chair, Board of Trustees						Date	
County 1 This Application for Registration					accordance with Section 2 eviewed and I certify that this		
area assigned to it by the Count Signature - Chair, County Transport			committee.		-	Date	<u> </u>
5 and a series of the series o							



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ex							
Due Dates All Routes	::			ounty Sup ber 1	t To OPI October 15		Rate Per Mile \$1.57
County Name			County Number	District	Name		Legal Entity Number
Silver Bow	47			Butte	Public Schools		0840 1212
Route #	Length of	Route	(miles per day)	Type of	f Service □ Bus Route Mil □ Non Bus Milea	-	Rated Capacity
H PM1	35.7			Bus R	toute Mileage	ŭ	76
Vehicle I.D. #	Licen	ise#		□ District□ Contra	: Owned C ct - If so, Name of Owner	District Own	ed
0719	556			□ Contra	cted rate per mile		
Reimbursement Distribution- En	ter the legal	l entity		of state/co		aid to each dis	trict. Note: Percentages
Legal Entity 0840	Lega	al Entity		Legal E		Legal Entit	у
% 100.00	%	, b		%		%	
PASSENGER INFORMATION			ELEMENTARY RIDE	.DC	HIGH SCHOOL RI	DEDC	TOTAL
Number of Preschool/Kindergart riding this route	ten pupils		(Grades PK-8)	:KO	(Grades 9-12		ELIGIBLE RIDERS
			a NUMBER		b NUMBER		c a+b
Regular (include eligible Preschool/K riders)	(indergarten		NOMBLIX		HOMBEIX		u v b
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., umiles OR nonresident and no attenda agreement)	ance						
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	arterrinders)						
TOTAL RIDERS							
We hereby certify that this bus will County Transportation Committee. We agree to supervision of this bust required; to provide a vehicle which required; to provide a vehicle which resuperintendent; and to provide a lice. We also agree to refrain from soling We understand that violations of the bust route. We agree that if this route crosses the school boards of both districts should be understand route changes occarded the with the control of the con	We further cerus and bus ro meets the mirensed, qualified citing or caus the laws, rules s district lines all be attache	rtify that ute by t nimum s ed and a ing other s or reg and tra ed to the	t this bus transports pupils eithe State Superintendent; to standards as established by approved driver to operate sers to solicit students from oulations governing school transports students from outsies county superintendent's co	eligible for sch make such r the Board of uch vehicle a ther transpor ansportation de the district opy of this do	nool transportation as defined by eports to the State Superintende Public Education, the Montana Is required by 20-10-103, MCA. tation areas. will be sufficient cause for withhout, a copy of the agreement between the superior of the super	20-10-101, MC, ent and County S Highway Patrol a olding of state and een Boards, 20-	A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by
I certify that this application for rebus operates on the route as ap							
Signature - Chair, Board of Trustees			•	-		Date	
County T This Application for Registration area assigned to it by the Count	of School E	Bus and	d State Reimbursement		accordance with Section 2 eviewed and I certify that this		
Signature - Chair, County Transporta						Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e							
Due Dates All Routes			o County Sup October 1	t To OPI October 15		Rate Per Mile \$1.57	
County Name		County Number	Distric	Name		Legal Entity Number	
Silver Bow		47	Butte	Public Schools		0840 1212	
Route #	Length of R	oute (miles per day)	Туре с	f Service Bus Route M	•	Rated Capacity	
H PM2	35.7		Bus F	□ Non Bus Mile Route Mileage	eage	76	
Vehicle I.D. #	Licens	se #	□ Distric	t Owned	District Own	ed	
0719	556			act - If so, Name of Owner acted rate per mile			
Reimbursement Distribution- Er	ter the legal		tage of state/co		aid to each dis	trict. Note: Percentages	
Legal Entity	Legal	Entity	Legal E		Legal Entity	У	
0840							
% 100.00	%		%		%		
PASSENGER INFORMATION	_		-				
Number of Preschool/Kindergar riding this route	ten pupils	ELEMENTARY R (Grades PK-		HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS	
		a NUMBER		b NUMBER		c a + b	
Regular (include eligible Preschool/k	Kindergarten	NOMBLIC		NOMBER		a · b	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ance						
TOTAL RIDERS							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.							
Signature - Chair, Board of Trustees					Date		
County 1 This Application for Registration area assigned to it by the Count	of School Bu	us and State Reimbursem		accordance with Section eviewed and I certify that thi			
Signature - Chair, County Transports					Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e						one form for ea	ach bus route that
Due Dates All Routes				County Supober 1	t To OPI October 15		Rate Per Mile \$1.57
County Name			County Number	District	Name		Legal Entity Number
Silver Bow			47	Butte	Public Schools		0840 1212
Route #	Length of	Route	(miles per day)	Type of	f Service ☐ Bus Route Mi ☐ Non Bus Mile	_	Rated Capacity
H AM1	35.7			Bus F	Route Mileage	aye	76
Vehicle I.D. #	Lice	nse #		□ District	t Owned [act - If so, Name of Owner	District Own	ed
0719	556	6			cted rate per mile		
Reimbursement Distribution- En	iter the lega	al entity		e of state/co		aid to each dis	strict. Note: Percentages
Legal Entity	Leg	al Entity		Legal E		Legal Entit	ty
1212							
% 100.00	c	%		%		%	
PASSENGER INFORMATION				===		2500	T0711
Number of Preschool/Kindergar riding this route	ten pupils		ELEMENTARY RIDI (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a NUMBER		b NUMBER		c a+b
Regular (include eligible Preschool/k riders)	Kindergarten		NOWIDER		NOWBER		a i b
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	ance)					
Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.							
Signature - Chair, Board of Trustees			·		•	Date	
County	Franchorta	tion Co	mmittee Annroyal as	required in	accordance with Section 2	20-10-132 MC	. Δ
This Application for Registration area assigned to it by the Count	of School ty Transpor	Bus and tation C	d State Reimbursement			s bus operates	
Signature - Chair, County Transporta	ation Commi	ttee				Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

				Chapter 10, Part 1, MCA ortees of another legal o				ne form for e	
	Due Dates	:		To (County Sup	t	To OPI		Rate Per Mile
	All Routes				ober 1		October 15		\$1.57
County Name				County Number	District	Name		Legal Entity Number	
Silver Bow				47	Butte	Public Scl	hools		0840 1212
Route #		Length o	f Route	(miles per day)		f Service	☐ Bus Route Mil		Rated Capacity
н РМ3		35.7			Bus R	Route Mile	□ Non Bus Milea aαe	ige	76
Vehicle I.D. #		Lice	ense #		□ Distric	Owned	D	istrict Own	ied
0719		556	6			ct - If so, Na cted rate pe	me of Owner r mile		
Reimbursement Di	stribution- Ent	ter the leg	al entity		e of state/co		rsement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity		Leg	gal Entity		Legal E			Legal Entit	ty
1212									
% 100.00	1		%		%			%	
PASSENGER INFO	ORMATION								_
Number of Prescho	ool/Kindergart	en pupils		ELEMENTARY RID (Grades PK-8)	ERS	HIC	GH SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS
				a			b		С
Regular (include eligil	ble Preschool/K	indergarten	1	NUMBER			NUMBER		a + b
riders) 1st Wheelchair (WC)	510 1 10001100#10	and organion	'						
2nd Wheelchair (WC)									
, ,									
Additional Wheelchair	, ,								
Non-WC IEP Lists Tra		Service							
TOTAL ELIGIBLE	RIDERS								
Ineligible Public Scho miles OR nonresident									
agreement) (Include ineligible Pre			,						
Nonpublic School Rid	ders (ineligible)	arton naoro	,						
TOTAL RIDERS									
We hereby certify	that this bus wil	l operate er	ntirely on	the route established by th	ne Board of Tri	I ustees and wit	hin the transportati	on area assign	ed and approved by the
County Transportation	n Committee. V	Ve further c	ertify tha	t this bus transports pupils the State Superintendent; t	eligible for sch	nool transporta	ition as defined by	20-10-101, MC	Α.
required; to provide a	vehicle which n	neets the m	ninimum s	standards as established by approved driver to operate	y the Board of	Public Educat	tion, the Montana I		
We also agree to r	refrain from solid	citing or cau	using othe	ers to solicit students from	other transpor	tation areas.		olding of state a	nd county reimbursement for
this bus route.		,	·	ansports students from outs	·			Ü	•
the school boards of b	both districts sha	all be attacl	hed to the	e county superintendent's o	copy of this do	cument.	J		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
accordance with 20-1	0-132, MCA.			thool year require the filing					
									edge and belief, and the mmittee.
bus operates on the route as approved by and within the transportation service area assigned by the Count Signature - Chair, Board of Trustees							,	Date	
	County T	ransports	ation Co	ommittee Approval as	required in	accordance	with Section 2	0-10-132 MC	
This Application for area assigned to it	r Registration	of School	Bus an	d State Reimbursement					s within the transportation
Signature - Chair, Co	unty Transporta	tion Comm	ittee					Date	



County Name

Silver Bow

Vehicle I.D. #

Legal Entity

%

riding this route

1st Wheelchair (WC) 2nd Wheelchair (WC)

Additional Wheelchairs (WC)

TOTAL ELIGIBLE RIDERS

Nonpublic School Riders (ineligible)

riders)

agreement)

TOTAL RIDERS

0840

100.00 PASSENGER INFORMATION

Number of Preschool/Kindergarten pupils

Regular (include eligible Preschool/Kindergarten

Non-WC IEP Lists Trans as Related Service

Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance

(Include ineligible Preschool/Kindergarten riders)

Route #

E 3PM1

9312

Office of Public Instruction Linda McCulloch, Superintendent PO Box 202501 Helena, MT 59620-2501

Due Dates:

43.5

All Routes

Combined School District Application for Registration of School Bus & State Reimbursement

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

October 1

County Number

Length of Route (miles per day)

License #

Legal Entity

%

707

To County Supt

must match budget!

ELEMENTARY RIDERS

(Grades PK-8)

NUMBER

%

1 copy State Supt. 1 copy County Supt. 1 copy School District School Year 2003 - 2004 Rate Per Mile October 15 \$1.36 District Name Legal Entity Number **Butte Public Schools** 0840 1212 Type of Service ☐ Bus Route Mileage Rated Capacity □ Non Bus Mileage 66 Bus Route Mileage **District Owned** □ District Owned □ Contract - If so, Name of Owner □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages Legal Entity Legal Entity % HIGH SCHOOL RIDERS **TOTAL** (Grades 9-12) **ELIGIBLE RIDERS** С NUMBER a + b

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in

accordance with 20-10-132, MCA

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee Signature - Chair, Board of Trustees Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee	Date



Combined School District Application for Registration of School Bus & State Reimbursement

1 copy State Supt. 1 copy County Supt. 1 copy School District

School Year 2003 - 2004 This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.36 Legal Entity Number County Name County Number District Name Silver Bow **Butte Public Schools** 0840 1212 Length of Route (miles per day) Type of Service ☐ Bus Route Mileage Route # Rated Capacity □ Non Bus Mileage E AM2 66 43.5 Bus Route Mileage Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 9312 707 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0840 % % % % 100.00 PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** riding this route С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

	This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.								
Due Dates All Routes				County Sup ober 1	t To OPI October 15		Rate Per Mile \$1.36		
County Name			County Number	District	Name		Legal Entity Number		
Silver Bow			47	Butte	Public Schools		0840 1212		
Route #	Length of	Route	(miles per day)	Type o	f Service □ Bus Route Mi □ Non Bus Mile	-	Rated Capacity		
E 3PM2	43.5			Bus F	Route Mileage	aye	66		
Vehicle I.D. #	Licer	ise#		□ Distric		District Own	ed		
9312	707				act - If so, Name of Owner acted rate per mile				
Reimbursement Distribution- En	iter the lega	entity		e of state/conatch budge		aid to each dis	strict. Note: Percentages		
Legal Entity	Lega	al Entity		Legal E		Legal Entit	ty		
1212									
% 100.00	%	ò		%		%			
PASSENGER INFORMATION			ELEMENTA DV DID		LUQUI QQUIQQU PI	DEDO	TOTAL		
Number of Preschool/Kindergar riding this route	ten pupils		ELEMENTARY RIDI (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS		
			a NUMBER		b NUMBER		c a+b		
Regular (include eligible Preschool/k riders)	Kindergarten		NUMBER		NOWBER		a i b		
1st Wheelchair (WC)		1							
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	ance								
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	arten nuers)								
TOTAL RIDERS									
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Signature - Chair, Board of Trustees						Date			
County 1 This Application for Registration area assigned to it by the Count	of School E	Bus and	d State Reimbursement		accordance with Section as eviewed and I certify that this				
Signature - Chair, County Transporta						Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

School Year 2003 - 2004 This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** All Routes October 15 October 1 \$1.36 Legal Entity Number County Name County Number District Name Silver Bow **Butte Public Schools** 0840 1212 Length of Route (miles per day) Type of Service ☐ Bus Route Mileage Route # Rated Capacity □ Non Bus Mileage E AM1 66 43.5 **Bus Route Mileage** Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 9312 707 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 1212 100.00 % % % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils **ELIGIBLE RIDERS** (Grades PK-8) (Grades 9-12) riding this route С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates wi

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date

Date

For additional information cont	toot Maxina Maugaat at 44/	1 2006 or amail mmaugaat@atata mt	- 110

Signature - Chair, Board of Trustees



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e							
Due Dates All Routes			County Supt	To OPI October 15		Rate Per Mile \$1.57	
County Name		County Number	District	Name		Legal Entity Number	
Silver Bow		47		Public Schools		0840 1212	
Route #	Length of Ro	ute (miles per day)	Type of	f Service □ Bus Route Mi □ Non Bus Mile	-	Rated Capacity	
F 2PM	45		Bus R	toute Mileage	· ·	76	
Vehicle I.D. # 0717	License 557	:#		ct - If so, Name of Owner	District Own	ed	
Reimbursement Distribution- Er		ntity number and percenta		cted rate per mile	aid to each dis	trict. Note: Percentages	
Legal Entity	Legal E	must	match budget	!	Legal Entit		
0840	Legal E	enuty	Legal E	nuty	Legal Entity	y	
% 100.00	%		%		%		
PASSENGER INFORMATION							
Number of Preschool/Kindergar riding this route	ten pupils	ELEMENTARY RII (Grades PK-8		HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
		a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/k	Kindergarten	NOMBER	NOMBER		a · b		
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related Service							
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	ance						
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
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I certify that this application for rubus operates on the route as ap	0			•	,	9	
Signature - Chair, Board of Trustees		am the transportation	congrict by the county fran	Date			
County 1 This Application for Registration area assigned to it by the Count	of School Bus	and State Reimburseme		accordance with Section aviewed and I certify that this			
Signature - Chair, County Transporta		Date					



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e							
Due Dates All Routes			County Suprober 1	To OPI October 15		Rate Per Mile \$1.57	
County Name		County Number	District	Name		Legal Entity Number	
Silver Bow		47		Public Schools		0840 1212	
Route #	Length of Rou	ite (miles per day)	Type of	f Service □ Bus Route Mi □ Non Bus Mile	-	Rated Capacity	
F 3PM	45		Bus R	toute Mileage		76	
Vehicle I.D. # 0717	License	#		Owned [ct - If so, Name of Owner cted rate per mile	District Own	ed	
Reimbursement Distribution- Er	nter the legal en		e of state/co	unty reimbursement to be p	aid to each dis	trict. Note: Percentages	
Legal Entity 0840	Legal Er		natch budget Legal E		Legal Entit	у	
0/ 400.00	0/		0/		0/		
% 100.00 PASSENGER INFORMATION	%		%		%		
Number of Preschool/Kindergar riding this route	ten pupils	ELEMENTARY RIDI (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
		a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/kriders)	Kindergarten	NOMBLIX		HOMBER		u v	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	ance						
Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
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Signature - Chair, Board of Trustees			Date				
County 1 This Application for Registration area assigned to it by the Count	of School Bus	and State Reimbursement		accordance with Section 2 eviewed and I certify that this			
Signature - Chair, County Transporta		Date					



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

								-	
				Chapter 10, Part 1, MCA ortees of another legal				one form for e	
	Due Dates			To 0	County Sup	ŀ	To OPI		Rate Per Mile
	All Routes				ober 1		October 15		\$1.57
County Name				County Number	ounty Number District Name				Legal Entity Number
Silver Bow				47	Butte	Public Scl	hools		0840 1212
Route #		Length of	Route	(miles per day)		Service [Bus Route Mil	-	Rated Capacity
FAM		45			Bus R	oute Milea	□ Non Bus Milea age	ige	76
Vehicle I.D. #	<u>'</u>	Lice	nse #		□ Distric	Owned	D	istrict Own	ied
0717		557	7			ct - If so, Na cted rate pei	me of Owner r mile		
Reimbursement D	istribution- Ent	er the lega	al entity		e of state/co		rsement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity		Leg	al Entit		Legal E			Legal Entit	ty
0840									
% 100.00)	c	%		%			%	
PASSENGER INF	ORMATION	_							
Number of Presch riding this route	ool/Kindergarte	en pupils		ELEMENTARY RID (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12			TOTAL ELIGIBLE RIDERS
	·			a	b				С
Regular (include elig	ible Preschool/Ki	indergarten		NUMBER			NUMBER		a + b
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC									
Additional Wheelcha	•								
Non-WC IEP Lists Tr		Service							
TOTAL ELIGIBLE									
Ineligible Public Scho	ool Riders (i.e., u	inder 3							
miles OR nonresider agreement)									
(Include ineligible Pro Nonpublic School Rice	eschool/Kinderga ders (ineligible)	arten riders)							
TOTAL RIDERS									
County Transportation	on Committee. W	Ve further ce	ertify tha	the route established by the this bus transports pupils the State Superintendent; the state superintendent; the state superintendent is the state superintendent in the state superintendent is superintendent in the state superi	eligible for sch	nool transporta	ition as defined by	20-10-101, MC	Α.
required; to provide a	a vehicle which m	neets the mi	inimum s	standards as established bapproved driver to operate	y the Board of	Public Educat	ion, the Montana I		
We also agree to	refrain from solid	citing or cau	sing othe	ers to solicit students from	other transpor	tation areas.		olding of state a	nd county reimbursement for
this bus route.		,	J		·			J	•
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accordance with 20-	We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.								
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Signature - Chair, Bo				<u> </u>				Date	
	County Ti	ransporta	tion Co	ommittee Approval as	required in	accordance	with Section 2	:0-10-132, MC	CA.
This Application for area assigned to it	r Registration	of School	Bus an	d State Reimbursement					within the transportation
Signature - Chair, Co	ounty Transporta	tion Commi	ttee					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e							
Due Dates All Routes				ounty Supt ber 1	To OPI October 15		Rate Per Mile \$1.57
County Name			County Number	District	Name		Legal Entity Number
Silver Bow			47		ay Elementary		0842
Route #	Length	of Route ((miles per day)	Type of	Service Bus Route Mi Non Bus Mile	•	Rated Capacity
1	37.7			Bus R	oute Mileage	ŭ	72
Vehicle I.D. # 5266		cense # 14			ct - If so, Name of Owner	District Own	ed
Reimbursement Distribution- Er			number and percentage		cted rate per mile untv reimbursement to be pa	aid to each dis	trict. Note: Percentages
Legal Entity		egal Entity	must ma	atch budget Legal E	!	Legal Entit	
0842	Le	egai Lililiy		Legal L	muty	Legal Little	y
% 100.00		%		%		%	
PASSENGER INFORMATION			E1 E1 (E1 (E1 (E1 (E1 (E1 (E1 (E1 (E1 (E			2500	70711
Number of Preschool/Kindergar riding this route	ten pupils	s	ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a NUMBER		b NUMBER		c a+b
Regular (include eligible Preschool/k riders)	Kindergarte	en	NOWBLA		HOMBER		u · b
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	lance						
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)		rs)					
TOTAL RIDERS							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.							
I certify that this application for rous operates on the route as ap							
Signature - Chair, Board of Trustees						Date	
County 1 This Application for Registration area assigned to it by the Count	of School	ol Bus and	State Reimbursement		accordance with Section 2 eviewed and I certify that this		
Signature - Chair, County Transporta						Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

	bursement eve			ortees of another lega	l entit	ty may ut	ilize the ser	vices.	ine ionn ior e	Rate Per Mile
	Due Dates: All Routes				Cou ctobe	nty Supt r 1	1	To OPI October 15		\$1.57
County Name				County Number		District	Name			Legal Entity Number
Silver Bow				47		Rams	ay Eleme	entary		0842
Route #	I	Length of	f Route	(miles per day)			Service	□ Bus Route Mil		Rated Capacity
3	(32.2				Bus R	oute Mile	□ Non Bus Milea eage	ige	72
Vehicle I.D. #		Lice	nse #			District		Eame of Owner	istrict Owr	ned
8183		112	2				cted rate pe			
Reimbursement Di	stribution- Ente	er the lega	al entity			f state/co h budget		irsement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity		Leg	jal Entit		mate	Legal E			Legal Enti	ty
0842										
% 100.00			%			%			%	
PASSENGER INFO	ORMATION			EL EMENTA DV DU	DED		1.11	CH CCHOOL BU	DEDC.	TOTAL
Number of Preschoriding this route	ool/Kindergarte	n pupils		ELEMENTARY RII (Grades PK-8		5	HI	HIGH SCHOOL RIDERS (Grades 9-12)		TOTAL ELIGIBLE RIDERS
				a NUMBER				b NUMBER		c a + b
Regular (include eligible Preschool/Kindergarten riders)				NOMBER				HOMBER		G · D
1st Wheelchair (WC)										
2nd Wheelchair (WC))									
Additional Wheelchairs (WC)										
Non-WC IEP Lists Tra	ans as Related Se	ervice								
TOTAL ELIGIBLE	RIDERS									
Ineligible Public Scho miles OR nonresident agreement)										
(Include ineligible Pre Nonpublic School Rid		ten riders)							
TOTAL RIDERS										
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.							SA. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by			
, ,	'	_		ool bus and state reimben thin the transportation				•	,	edge and belief, and the mmittee.
Signature - Chair, Board of Trustees									Date	
This Application for area assigned to it	r Registration o	f School	Bus an			•			•	CA. s within the transportation
Signature - Chair, Co									Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

receives state reimbursemer	nt even though trans	sportees of another le	apter 10, Part 1, MCA. School district official must comees of another legal entity may utilize the services. To County Supt October 1 To OPI October			Rate Per Mile
All Rou	ites		October 1	October	15	\$1.57
County Name		County Number	District I	Name		Legal Entity Number
Silver Bow		47	Ramsa	ay Elementary		0842
Route #	Length of Rout	e (miles per day)	Type of	Service □ Bus Ro	oute Mileage	Rated Capacity
2	25.7		Bus R	⊓ Non Bu oute Mileage	ıs Mileage	72
Vehicle I.D. #	License #	!	□ District		District O	wned
8182	679			ct - If so, Name of Ov cted rate per mile	vner	
Reimbursement Distribution-	Enter the legal enti		ntage of state/cou		to be paid to each	district. Note: Percentages
Legal Entity	Legal En		Legal Er		Legal E	intity
0842						
% 100.00	%		%		%	
PASSENGER INFORMATION	N					
Number of Preschool/Kinder riding this route	lumber of Preschool/Kindergarten pupils ding this route		RIDERS (-8)		OOL RIDERS es 9-12)	TOTAL ELIGIBLE RIDERS
		a NUMBER	R		b MBER	c a + b
Regular (include eligible Preschoriders)	ool/Kindergarten					
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Rela	ated Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i miles OR nonresident and no att agreement) (Include ineligible Preschool/Kin	endance					
Nonpublic School Riders (ineligit						
TOTAL RIDERS						
this bus route.	e. We further certify the substant bus and bus route be to maniful licensed, qualified and soliciting or causing one of the laws, rules or russes district lines and a shall be attached to so occurring during the	nat this bus transports puy the State Superintender in standards as establish d approved driver to ope thers to solicit students fegulations governing schappers transports students from the county superintender	upils eligible for scheent; to make such re led by the Board of ferate such vehicle as from other transportation vehicle as the old transportation vehicles the district, and outside the district, nt's copy of this doc	pool transportation as de eports to the State Superports to the State Superports to the Market State Superports to the Market State	fined by 20-10-101, rintendent and Cour ontana Highway Pat , MCA. or withholding of stat nt between Boards,	MCA. nty Superintendent as are rol and the State te and county reimbursement for 20-10-126(2) MCA, signed by
I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge abus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee						
Signature - Chair, Board of Trust	· · · · · · · · · · · · · · · · · · ·	num me nansponatio	on service area as	saighted by the Coun	Date	Committee.
This Application for Registra area assigned to it by the Co	tion of School Bus a ounty Transportation				hat this bus opera	
Signature - Chair, County Transp	oortation Committee				Date	